

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

1

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

UNITED STATES OF AMERICA,  
Plaintiff,  
vs.  
STATE OF GEORGIA,  
Defendants.  
- - - - -

) CIVIL ACTION  
) NO. 1:16-cv-03088-ELR  
)  
)  
)  
)  
)  
)  
)

VIDEO DEPOSITION OF  
STEPHANIE PEARSON, Ph.D.

Monday, March 28, 2022, 9:04 a.m., EST

HELD AT:

Robbins Alloy Belinfante Littlefield LLC  
500 14th Street, N.W.  
Atlanta, Georgia 30318

-----  
WANDA L. ROBINSON, CRR, CCR, No. B-1973  
Certified Shorthand Reporter/Notary Public

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

2

APPEARANCES OF COUNSEL

Appearing on Behalf of the Plaintiff:

PATRICK M. HOLKINS, ESQUIRE  
FRANCES S. COHEN, ESQUIRE  
U.S. Department of Justice  
Civil Rights Division  
950 Pennsylvania Avenue, N.W.  
Washington, D.C. 20579  
T: 202.305.6630 F:  
E-mail: Patrick.Holkins@usdoj.gov  
Frances.Cohen@usdoj.gov

- and -

AILEEN BELL HUGHES, ESQUIRE (Via Zoom)  
Assistant United States Attorney  
600 U.S. Courthouse  
75 Ted Turner Drive SW  
Atlanta, Georgia 30303  
T: 404.581.6000 F: 404.581.6181  
E-mail: Aileen.bell.hughes@usddoj.gov

Appearing on Behalf of the Defendant:

JAVIER PICO PRATS, ESQUIRE  
DANIELLE HERNANDEZ, ESQUIRE  
Robbins Alloy Belinfante Littlefield LLC  
500 14th Street, N.W.  
Atlanta, Georgia 30318  
T: 404.856.3261  
E-mail: javier.picoprats@robbinsfirm.com  
dhernandez@robbinsfirm.com

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

3

1 ALSO PRESENT:

2 VIA ZOOM:

3 RENEE WOHLLENHAUS, ESQUIRE

4 CLAIRE CHEVRIER, ESQUIRE

5 ANDREA HAMILTON, ESQUIRE

6 LAURA CASSIDY TAYLOE, ESQUIRE

7 ROBERT PUTNAM, Expert For Plaintiff

8 VICTORIA LILL, Paralegal

9 SANDRA LeVERT, Paralegal

10  
11  
12  
13  
14 ALSO PRESENT:

15 ROBERT PACHECO, Videographer  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

4

INDEX OF EXAMINATIONS

STEPHANIE PEARSON, Ph.D.

By Mr. Holkins

Page 8

INDEX OF EXHIBITS

PLAINTIFF'S

NO.	DESCRIPTION	PAGE
Exhibit 32	Notice of Deposition of Stephanie Pearson	10
Exhibit 33	November 17, 2020 Meeting Minutes ACER Collaborative GA01420538	20
Exhibit 34	November 5, 2015 Email Stephanie Pearson To Monica Parker GA00238245 With Attachment	37
Exhibit 35	February 19, 2015 Email Pearson To Recipients With Attachment GA0000382059	40
Exhibit 36	July 5, 2016 Email Pearson To McKay GA00583025	69
Exhibit 37	GNETS Strategic Plan Activities For FY12 GA_DOE_001620	78

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

5

## INDEX OF EXHIBITS (Previously Marked)

## PLAINTIFF'S

NO.	DESCRIPTION	PAGE
Exhibit 8	February 12, 2021 Robbins Letter From Alexa Ross To Hamilton/Lill	88
Exhibit 15	Active Provider By Service - 4/11/19 The Georgia Collaborative ASO GA00023273 - GA00023313	109

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

6

1 THE VIDEOGRAPHER: We are now on the  
2 record. Today's date is the 28th, 2022. The  
3 time is 9:04 a.m., Eastern Standard Time.

4 This begins the videoconference deposition  
5 of Dr. Stephanie Pearson, in the matter of the  
6 United States of America, plaintiff, versus  
7 State of Georgia, defendant, in the United  
8 States District Court, for the Northern  
9 District of Georgia, Atlanta Division, Civil  
10 Action 1:16-cv-03088-ELR.

11 My name is Robert Pacheco. I am your  
12 remote videographer. The court reporter today  
13 is Wanda Robinson. Both representing Esquire  
14 Deposition Solutions.

15 Would counsels please introduce yourselves  
16 and your affiliation and the witness will be  
17 sworn in.

18 MR. HOLKINS: Patrick Holkins for the  
19 United States.

20 MS. COHEN: Fran Cohen for the United  
21 States.

22 MS. HERNANEZ: Danielle Hernandez for the  
23 State of Georgia.

24 MR. PICO PRATS: And Javier Pico with the  
25 State as well.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

7

1 MR. HOLKINS: Could folks on the Zoom  
2 introduce themselves, please.

3 MR. PUTNAM: Dr. Robert Putnam, expert for  
4 the Department of Justice.

5 MS. HAMILTON: Andrea Hamilton, trial  
6 attorney for the United States.

7 MS. TAYLOR: Laura Cassidy Taylor,  
8 attorney for United States.

9 THE WITNESS: Dr. Pearson, Georgia  
10 Departments of Behavioral Health.

11 MS. HUGHES: Aileen Bell Hughes, United  
12 States Attorney's Office.

13 THE COURT REPORTER: Can you repeat that?

14 MS. HUGHES: Aileen Bell Hughes, United  
15 States Attorney's Office, Department of  
16 Justice.

17 MR. HOLKINS: I think we're good.

18 - - - - -

19 STEPHANIE PEARSON, Ph.D.,  
20 being duly sworn, was examined and testified as  
21 follows:

22 - - - - -

23 THE COURT REPORTER: Please speak up.

24  
25 ///

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

8

1 EXAMINATION

2 BY MR. HOLKINS:

3 Q Good morning, Dr. Pearson. How are you?

4 A Good morning. Well. Thank you.

5 Q As the court reporter noted, this is the  
6 deposition of Dr. Stephanie Pearson in the lawsuit  
7 entitled United States v. Georgia, Case No.  
8 1:16-cv-03088.

9 My name is Patrick Holkins. I represent  
10 the United States.

11 Dr. Pearson, could you state and spell  
12 your full name for the record, please.

13 A Dr. Stephanie Pearson, P-E-A-R-S-O-N.

14 Q Dr. Pearson, I'm going to walk through  
15 some instructions before we get started.

16 We have roughly four hours for the  
17 deposition today. My plan is to take a break at  
18 around the 90 minute mark. If you need a break  
19 before then, please let me know and we can take one.  
20 However, if there is a question pending, I would ask  
21 you to answer the question before we take that  
22 break.

23 Is that okay?

24 A Yes, fine.

25 Q So this deposition is occurring remotely

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

9

1 via Zoom. I think, as the court reporter noted, it  
2 will be particularly important that you speak loudly  
3 and clearly today so that we can get an accurate  
4 record.

5 We'd also ask that you avoid uh-huhs and  
6 responses like that and respond with yes or no, and  
7 also that you let me finish my questions before you  
8 start your answers.

9 Does that sound all right?

10 A Yes.

11 Q Where are you calling in from right now,  
12 Dr. Pearson?

13 A From my home.

14 Q Is anyone else with you?

15 A No.

16 Q Are you communicating with anyone via  
17 email?

18 A No.

19 Q So, for exhibits, what I'm going to be  
20 doing today, Dr. Pearson, is sharing my screen, and  
21 then I will give you control of the document, which  
22 will allow you to scroll through the document to  
23 confirm that you've read it, and then I'll take  
24 control back from you, so I can show you specific  
25 parts of the document.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

10

1 Does that sound all right?

2 A Yes.

3 Q Okay. So I'm going to do -- I'm going to  
4 show you the first exhibit, which is the notice of  
5 deposition, which you received.

6 Give me one second.

7 Dr. Pearson, can you see the notice of  
8 deposition?

9 A Yes.

10 MR. HOLKINS: So for the record, this is  
11 Exhibit 32.

12 (WHEREUPON, Plaintiff's Exhibit-32 was  
13 marked for identification.)

14 BY MR. HOLKINS:

15 Q Dr. Pearson, what I'm going to do now, if  
16 I can, is give you control of the document. If you  
17 click on the document now, you should be able to  
18 scroll down. What I ask you to do is review the  
19 document and let me know when you're finished.

20 (Witness reviews exhibit.)

21 A There's an error on the third line. I am  
22 not an M.D.

23 Q Thank you for letting us know.

24 A I have a Ph.D.

25 I guess that's it.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

11

1 Q That's good. Thank you very much.

2 Dr. Pearson, have you seen this notice  
3 before today?

4 A Yes.

5 Q Who showed this notice to you?

6 A Um, I believe it came from the attorney  
7 for Georgia.

8 Q Before today, Dr. Pearson, had you heard  
9 about this case?

10 A Gosh, I think some years ago.

11 Q And what's your understanding of what this  
12 case is about?

13 A It references Georgia's GNETS program.

14 Q Dr. Pearson, are you aware Dante McKay was  
15 deposed in this matter?

16 A I -- yes, I believe so.

17 Q Did you review the transcript of Mr.  
18 McKay's deposition?

19 A No.

20 Q Dr. Pearson, do you understand that your  
21 testimony today is under oath?

22 A Yes.

23 Q Is there any reason at all why you cannot  
24 testify accurately and truthfully today?

25 A No.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

12

1 Q Are you taking any medication or other  
2 substances that would interfere with your ability to  
3 answer my questions fully and truthfully today?

4 A No.

5 Q Have you ever been deposed before?

6 A Yes.

7 Q In what context?

8 A As a psychologist when I lived in  
9 California and it was regarding a case.

10 Q And approximately when was that?

11 A Boy. Probably more than 25 years ago.

12 Q Okay. Have you been deposed since joining  
13 DBHDD?

14 A No.

15 Q Have you ever been a plaintiff or a  
16 defendant in a lawsuit?

17 A No.

18 Q Just so you know, I'm going to be using  
19 some abbreviations during the deposition today just  
20 to speed things along. I'm going to go through with  
21 you what those abbreviations are to make sure that  
22 we're on the same page.

23 The first one, which I've already used, is  
24 "DBHDD." When I say that, will you understand that  
25 I'm referring to the Georgia Department of

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

13

1 Behavioral Health and Developmental Disabilities?

2 A Yes.

3 Q And when I use the abbreviation "DCH,"  
4 will you understand I'm referring to the Georgia  
5 Department of Community Health?

6 A Yes.

7 Q And will you understand when I use GADOE,  
8 I'm referring to the Georgia Department of  
9 Education?

10 A Yes.

11 Q Will you understand when I use the  
12 abbreviation "CMO," I'm referring to Care Management  
13 Organizations?

14 A Yes.

15 Q Will you understand that SED means Serious  
16 Emotional Disturbances?

17 A Yes.

18 Q And the term CSB means Community Service  
19 Boards?

20 A Yes.

21 Q When I refer to general education  
22 settings, what I'm talking about are public schools  
23 in Georgia where children with SED and other  
24 behavioral health conditions receive instruction and  
25 services alongside children who do not have

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

14

1 disabilities.

2 Do you understand that?

3 A Yes.

4 Q And when I refer to "GNETS," I'm referring  
5 to the Georgia Network for Educational and  
6 Therapeutic Support.

7 Do you understand that?

8 A Yes.

9 Q And "OCYF" will refer to Office of  
10 Children, Young Adults and Families.

11 Do you understand that?

12 A Yes.

13 Q And finally, when I refer to "COE," I'm  
14 referring to the Georgia State University Center of  
15 Excellence.

16 Do you understand that?

17 A Yes.

18 Q Dr. Pearson, I think we've already  
19 established you have a Ph.D. Could you tell us when  
20 you received that degree and in what field?

21 A I received it in 1983 in psychology.

22 Q Do you have a current clinical license?

23 A Yes.

24 Q And is that also in psychology?

25 A Yes.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

15

1 Q Dr. Pearson, what's your current job  
2 title?

3 A Clinical director, Office of Children,  
4 Young Adults and Families, Georgia Department of  
5 Behavioral Health and Developmental Disabilities.

6 Q When did you assume that position?

7 A Probably more than -- maybe about six  
8 years ago now.

9 Q As clinical director, who do you report  
10 to?

11 A Dante McKay.

12 Q Does anyone report directly to you?

13 A Yes.

14 Q And who are those individuals?

15 A Toni Simms and Diana Askerwall.

16 Q And what are their roles?

17 A Program managers, one, Toni Simms, with  
18 the crisis stabilization units.

19 Diana Askerwall fits in many roles. She  
20 primarily oversees what we call the bed board, young  
21 people who are trying to get crisis stabilization.

22 Q Thank you.

23 Do either of those individuals have  
24 clinical training?

25 A Toni Simms is a social worker.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

16

1 Q And is Ms. Simms currently licensed as a  
2 social worker?

3 A I don't believe she has her LCSW yet.

4 Q Before you became clinical director at  
5 OCYF, did you have any other jobs for the State of  
6 Georgia?

7 A Yes.

8 Q What were those jobs?

9 A Prior to becoming clinical director with  
10 the department, I was a program manager.

11 Q And how long were you a program manager,  
12 and also in which department?

13 A I was a program manager in the Office of  
14 Children, Young Adults and Families. Before it had  
15 that title, it was Child and Adolescent Mental  
16 Health with DBHDD, and -- let's see.

17 This is my 13th year. So probably about  
18 six or seven years -- I'm trying to do the math -- I  
19 was program manager before becoming clinical  
20 director. It all adds up to about 13 years.

21 Q Okay. Thank you.

22 And before you joined the State of  
23 Georgia, where did you work immediately prior to  
24 becoming program manager?

25 A The DeKalb Community Service Board

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

17

1 Q What was your role at that Community  
2 Service Board?

3 A I was hired as the child and adolescent  
4 services director.

5 Q What were your duties, briefly, as child  
6 and adolescent services director?

7 A I supervised the programs that comprised  
8 the services offered to children and families, and  
9 sat on a number of committees, work groups, task  
10 forces.

11 Let's see. Supervised the -- the  
12 treatment program as well as the community-based  
13 programs, sat on what was known then at the MATC  
14 Committee.

15 Q Thank you.

16 And in that capacity, did you oversee  
17 school-based behavioral health services for  
18 children?

19 A We did have a school-based program, small  
20 group there, yes.

21 Q Have you ever worked in a clinical  
22 capacity in a school?

23 A In a school, no.

24 Q The two individuals that you supervise at  
25 OCYF, do you know whether either of them has worked

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

18

1 in a clinical capacity in a school?

2 A I don't believe so.

3 Q Let's talk about your current work as  
4 clinical director at OCYF.

5 Could you describe your duties, please?

6 A I have clinical oversight of the  
7 Psychiatric Residential Treatment Facilities, though  
8 the State of Georgia does not directly operate them.  
9 We have contracts with them.

10 So I am the one who is kind of the point  
11 person for the PRTFs. As I said, I also supervise  
12 two other individuals who work closely with the  
13 CSUs.

14 I've worked also collaboratively with our  
15 DD partners, our partners in the Division of  
16 Developmental Disabilities, in developing and  
17 implementing the autism services Crisis  
18 Stabilization Unit, which is a more recent CSU for  
19 young people who are living with -- on the autism  
20 spectrum.

21 Also sit on a number of statewide  
22 committees, including those that are the Georgia --  
23 the Children's Justice Advisory Committee, the Child  
24 Fatality Review Panel. I do that. I represent the  
25 office of those capacities.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

19

1 And any time that there is a particularly  
2 complex clinical issue with a young person that may  
3 be served by a variety of child service agencies.  
4 Sometimes those families come to my attention and we  
5 convene case staffings. I do that as well.

6 Q Thank you very much, Dr. Pearson.

7 Would it be fair to describe you as the  
8 clinical Subject Matter Expert at OCYF?

9 A Yes.

10 Q I'd like to ask you about some of the  
11 committees and work groups that you referenced  
12 serving on, and perhaps a few others that I don't  
13 think I heard about.

14 The first is the ACER Collaborative.

15 Are you familiar with that?

16 A Yes.

17 Q What is the ACER Collaborative?

18 MS. COHEN: A-C-E-R.

19 A I'm sorry?

20 Q I'll reask.

21 What is the ACER Collaborative?

22 A The ACER group or meeting that I attend is  
23 the school-based mental health program that our COE  
24 convenes. I'm there pretty much as kind of the  
25 clinician in the background since I no longer

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
20

1 directly deal with the ACER program.

2 Q You no longer directly deal with the ACER  
3 program?

4 A I'm not the director of the ACER program,  
5 no.

6 MR. HOLKINS: I'd like to just quickly  
7 introduce an exhibit here, which will be 33.  
8 Give me one second.

9 BY MR. HOLKINS:

10 Q Dr. Pearson, I'll just represent for the  
11 record that this is minute meetings from the ACER  
12 Collaborative, dated November 17, 2020.

13 At the bottom screen you'll see a Bates  
14 number. It's GA01420538.

15 MR. HOLKINS: I'm introducing this as  
16 Exhibit 33.

17 (WHEREUPON, Plaintiff's Exhibit-33 was  
18 marked for identification.)

19 BY MR. HOLKINS:

20 Q Dr. Pearson, I'm going to briefly allow  
21 you to review this document. If you give me one  
22 second, I will give you control.

23 You've got control of the document, Dr.  
24 Pearson. Please take a moment to familiarize  
25 yourself.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

21

1 (Witness reviews exhibit.)

2 Q Just let me know whenever you're finished.

3 A I went too fast.

4 It looks like the minutes from an ACER  
5 meeting.

6 Q Right. And I'm not going to ask you about  
7 the details of the minutes. I just want to kind of  
8 confirm the attendees and your role in these  
9 meetings.

10 A Right. I'm there -- yeah, I'm there as  
11 the OCYF clinical director, and I see other folks  
12 with OCYF there.

13 Q So what are the kind of things that are  
14 discussed at these ACER meetings?

15 A The ACER Collaboratives bring together the  
16 CMOs, DBHDD. You can see them listed on the  
17 attendee sheet. In order to -- you can see the  
18 objectives at the top of the sheet. That's the work  
19 that gets done in those committees.

20 That committee. That's what I mean.

21 Q Can you describe the work that's occurring  
22 through the ACER Collaborative to achieve that third  
23 objective, which is "to reduce the perceived  
24 fragmentation in communities related to public  
25 behavioral health services"?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
22

1           A       I mean I guess it's what it says, to try  
2 to really diminish work in silos.

3           Q       Is that just through this meeting, or are  
4 there other activities, recommendations that the  
5 ACER Collaborative is making to achieve that goal?

6           A       Well, I don't chair the ACER  
7 Collaborative, so my knowledge primarily is this,  
8 although I think that's certainly the objective  
9 anywhere, to reduce working in silos.

10          Q       Do you think the ACER Collaborative has  
11 been effective in that goal?

12          A       I'd say so.

13          Q       Why?

14          A       Well, all these partners come together  
15 routinely to talk about issues of mutual concern.  
16 So that where problems are identified, solutions can  
17 also be identified. So these agencies come together  
18 to come up with some collaborative resolution.

19          Q       Could you give examples of the kinds of  
20 problems that have been identified in these  
21 meetings?

22          A       It's difficult off the top of my head. I  
23 would suggest going back through the agenda to see  
24 what items are listed there.

25                   More recently, we've been talking about

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
23

1 the impact of COVID and how that's impacted service  
2 delivery. So there are a lot of things relative to  
3 that, but I think, again, if you look at any record  
4 of the meeting, the minutes, you'll see what those  
5 issues have been.

6 Q And just to be clear, outside of what's in  
7 the minutes, do you have any recollection today of  
8 the problems that have been identified to the ACER  
9 Collaborative?

10 A No. It's really contained in the minutes.

11 Q Are you still participating in these  
12 meetings?

13 A Yes.

14 Q And just to quickly wrap this up, when did  
15 these meetings start, to your knowledge?

16 A I don't recall. I don't recall.

17 Q We can put this exhibit aside.

18 Dr. Pearson, you also referenced the Child  
19 Fatality Review Panel.

20 Can you describe what that panel does?

21 A It's a committee of the CAPTA, Child Abuse  
22 and Prevention Treatment Act, that was -- gosh, I  
23 don't remember when that came into being, but that's  
24 one of the committees fulfilling the CAPTA mission.

25 Gosh, it's so many things.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

24

1 Deb Farrell has been the person who has  
2 chaired that committee for many years, and I've been  
3 on the committee as a representative with the  
4 department for the issues about children.

5 A lot of it really revolves around child  
6 welfare, so a lot of the discussion is kind of held  
7 by people from child welfare. The person who  
8 directs the -- what's the -- I believe she's on the  
9 committee, and people from law enforcement.

10 So there are a variety of stakeholders.

11 Q Do you review as part of your work on this  
12 panel children who are or have been enrolled in  
13 GNETS?

14 A For the Children's Justice Act? I don't  
15 know that it's that specific. I don't recall. It  
16 may have come up, but, again, there's so many  
17 meetings over such a long period of time. I can't  
18 say specifically.

19 Q Dr. Pearson, are you familiar with the  
20 Mobile Crisis Response Services Coalition?

21 A Yes.

22 Q Do you serve or have you served on that  
23 coalition?

24 A I have attended those meetings.

25 Q Are those meetings ongoing?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
25

1 A Not lately.

2 Q When did they stop?

3 A I don't recall.

4 Q Do you recall when they started?

5 A I can't give you a date, no.

6 Q Can you give a year?

7 A I don't recall. It's not something that I  
8 originated or ever chaired, so no.

9 Q What was your role on the -- in attending  
10 the Mobile Crisis Response Services Coalition?

11 A As an attendee, to be there if there were  
12 any questions that were particular to the office of  
13 child -- Children, Young Adults and Families. To,  
14 you know, hear how the mobile crisis services would  
15 be reconfigured as they worked to blend in.

16 I think they may have had other providers  
17 from the Developmental Disabilities. So the  
18 Developmental Disabilities Team and the Behavioral  
19 Health Teams, they come together.

20 Q What is the current status of that effort?

21 A Again, I don't know. That effort comes  
22 out of Adult Mental Health. So you'd have to talk  
23 to someone in Adult Mental Health as opposed to my  
24 office.

25 Q So to be clear, this Mobile Crisis

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
26

1 Response Services Coalition is only working in the  
2 arena of adults, not children?

3 A No, that's not what I said. It originated  
4 from adult mental health and has been chaired by  
5 people from the -- the co-chairs were from Adult  
6 Mental Health and the Division of Developmental  
7 Disabilities, but certainly mobile crisis is  
8 available to children.

9 Q And what is -- could you describe the  
10 current availability of mobile crisis services to  
11 children in the State of Georgia?

12 A When someone calls the GCAL number,  
13 emergency service, they sometimes request a team to  
14 come to the home, and Mobile Crisis will go to the  
15 home to assess the young person's eligibility for  
16 that level of care.

17 Q Is that service available in every county  
18 in Georgia?

19 A That's my understanding.

20 Q Is it a face-to-face response available to  
21 every county in Georgia?

22 A I believe that's what the contracts call  
23 for, but I don't manage the contracts.

24 Q Do you know who does manage those  
25 contracts?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
27

1 A No.

2 Q Would that be someone in DBHDD?

3 A Yes.

4 Q Do you take as part of your role as  
5 clinical --

6 MR. HOLKINS: Let me start again.

7 Q Do you undertake as part of your role as  
8 clinical director at OCYF any analysis of the  
9 availability of community-based mental health  
10 services, like Mobile Crisis Response?

11 A I'm not sure I understand what you're  
12 asking me.

13 Q So I'm asking -- let's just take Mobile  
14 Crisis Response as a concrete example. As part of  
15 your official duties as clinical director, are you  
16 undertaking any analysis of the availability of that  
17 service statewide?

18 A No.

19 Q Is that true for other community-based  
20 health services?

21 A I'm not sure. I can't speak for other  
22 services.

23 Q We'll talk about that a bit later.

24 Dr. Pearson, you mentioned that as part of  
25 your duties as clinical director you will review

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
28

1 complex cases of specific children. Is that  
2 correct?

3 A Yes.

4 Q How do those cases come to your attention?

5 A A variety of ways. Sometimes it is a  
6 provider reaching out saying they would like some  
7 assistance. Sometimes it's another stakeholder  
8 asking for some assistance.

9 Sometimes a parent calls directly to the  
10 department and the call gets sent to our office.  
11 Sometimes it comes through -- because someone has  
12 contacted the director of behavioral health, and she  
13 sends it to our office.

14 So a variety of ways.

15 Q And what kinds of cases are these? What  
16 are the issues that are being presented to you?

17 A Usually it's a child maybe who has had a  
18 lot of contacts with crisis system and maybe the  
19 parent is seeking a level of residential care and  
20 trying to navigate that; a child who is maybe served  
21 by multiple agencies, and there needs to be a way  
22 that all the agencies come together to assist the  
23 family to get to the appropriate level of care.

24 Q And what is your role once you receive  
25 these referrals?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
29

1           A     Make sure we have all the pertinent  
2 information. If we need to get releases of  
3 information from the parents that allow us as an  
4 office to, you know, reach out or contact other  
5 providers who may have been involved with the child,  
6 trying to coordinate that.

7                     Sometimes our office is the office that  
8 calls the case staffing meetings. Other times it  
9 might be our partners at the Department of Family  
10 and Children Services that call the meetings.

11                    Sometimes it's our providers themselves  
12 that call the meeting and ask us to come to the  
13 clinical case staffings.

14           Q     Do you ever make recommendations in these  
15 cases for community-based services that may be  
16 available and appropriate for the child at issue?

17           A     Yes.

18           Q     What kinds of services have you  
19 recommended?

20           A     Well, I -- it's not that I make a personal  
21 recommendation; it's the team that comes together.

22           Q     Right.

23           A     Depending on what the level of need is  
24 that the child has, what the child's treatment  
25 history might be, to -- and also since the parent or

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

30

1 guardian is a part of these treatment team meetings,  
2 what is the parent or guardian's wish for their  
3 child.

4 Q Understood.

5 A So all of that comes together.

6 Q And could you identify some of the  
7 community-based services that the team recommends  
8 for children who come to their attention through  
9 this process?

10 A Again, given all those variables to be  
11 considered, there's the Family Intervention Program.  
12 That's a -- well, pre-COVID and now kind of coming  
13 back, it's a home-based intensive level of care,  
14 often seen as the community alternative to  
15 residential care.

16 So where there are IFI teams, I-F-I teams,  
17 IFI services might be recommended, connecting to the  
18 local community.

19 Providers like service boards, for  
20 example, for an array of services that they offer  
21 where appropriate.

22 If there is -- well, the IC3, intensive  
23 care communication -- coordination that's delivered  
24 by the CMEs, care management entities, Viewpoint  
25 Health and Lookout Mountain, those kinds of things.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

31

1 Q Thank you. I apologize if you said this  
2 already and I just missed it, but could you tell me  
3 who are the other participants in this discussion?

4 I know parents and guardians and community  
5 service providers are sometimes participants, but  
6 are there other representatives from state agencies  
7 that are involved that this discussion?

8 A Again, it varies depending on who the  
9 child is, what the child's needs are. But, yeah,  
10 DFCS is another partner. Sometimes the Department  
11 of Education might be represented or a local school  
12 district might be represented.

13 Sometimes the Department of Criminal  
14 Justice might be represented.

15 Q Have you had cases come to your attention  
16 through this process of children who are currently  
17 -- or were enrolled in the GNETS system?

18 A Some may have been, yes.

19 Q Can you recall the last time that  
20 occurred?

21 A No.

22 Q Is it a frequent occurrence?

23 A By frequent, you mean?

24 Q Does it happen --

25 A Every -- every week? Every month?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

32

1 Q Well, let me just ask it this way: Would  
2 you say that you've received more than 10 referrals  
3 for kids enrolled in GNETS or fewer than 10?

4 A Well, again, over what time period?  
5 Because sometimes children -- I guess I could say  
6 with a little bit more confidence that the kids  
7 typically either have IEPs or are in the process of  
8 getting an IEP, and then the Individualized  
9 Educational Plan, you know, then makes some  
10 determination about what level of educational  
11 services that child needs.

12 So, so often there may be an IEP involved.  
13 I can say that more definitively than I can say a  
14 kid's been in a GNETS program or not.

15 Q I appreciate that. I want to ask again,  
16 though, whether you think more than 10 kids involved  
17 in GNETS have been referred to you through this  
18 process during the --

19 A I can't say. I can't say because it's so  
20 scattered over a period of years. It goes on, you  
21 know, month end, month out, over a year. So it  
22 would be difficult to say 10 or more.

23 Q How long have you been involved in this  
24 review of high needs cases?

25 A It's been pretty much since I've been

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

33

1 there.

2 Q Since you became clinical director?

3 A Yeah.

4 Q So that's about six years?

5 A And, and probably before then. I think  
6 because the whole team and the whole clinical team  
7 and the office gets pulled in some way or another.  
8 So it's been years.

9 Q You mentioned that some of the children  
10 who come to your attention through this process have  
11 or are being considered for an IEP. Is that  
12 correct?

13 A Yes.

14 Q Do you coordinate at all directly with the  
15 IEP Plan Team?

16 A No.

17 Q Does anyone on your staff?

18 A No. That's a school function.

19 Q Just one second, Dr. Pearson.

20 (Pause.)

21 Q We're going to move on from this soon, but  
22 I just want to summarize, and please correct me if  
23 I've got this wrong, that over the past six years --

24 MR. HOLKINS: Let me try this again.

25 Q Based on your work over the past six years

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

34

1 reviewing these high needs cases, you can't recall  
2 whether or not you have reviewed cases for more than  
3 10 children enrolled in GNETS?

4 MR. PICO PRATS: Objection.

5 Q Is that accurate?

6 A That's right.

7 Q Dr. Pearson, do you communicate with staff  
8 -- well, let me just start with something more  
9 specific.

10 Do you communicate directly with staff at  
11 DCH as part of your official duties?

12 A I'm sorry, you said DCH?

13 Q DCH.

14 A Yes.

15 Q With whom at DCH do you coordinate  
16 directly?

17 A I communicate with Catherine Ivy  
18 sometimes. Sometimes Jamie -- I can't think of her  
19 last name right now. She's on Catherine's team, I  
20 think.

21 Q And what are you communicating with  
22 Catherine Ivy about?

23 A Usually we're trying to find out -- well,  
24 I guess typically now it's young people who have  
25 been approved for a PRTF level of care, who have

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

35

1 been -- even though they're eligible for that level  
2 of care, the Georgia PRTFs have all denied the young  
3 person. So now the family may be seeking that level  
4 of care out of state, and that is the providence of  
5 DCH.

6 So they would be reaching out to Catherine  
7 to start the process of seeking a PRTF level of care  
8 outside of Georgia, since the Georgia PRTFs all  
9 deny.

10 Q Okay. And do you communicate with  
11 Catherine Ivy about anything other than what you've  
12 just described?

13 A That's pretty much it.

14 Q Do you communicate with anyone at DCH  
15 about any other topic?

16 A That's pretty much what we're talking  
17 about, how we can navigate out of state PRTFs.

18 Q Do you ever receive any data reports from  
19 DCH?

20 A Well, I'm not recalling any. If it's  
21 specific to a child that we've reached out to DCH  
22 about, then they may get back to us to say this is  
23 the history. This child is currently served by this  
24 particular CMO, for example.

25 We do communicate around those young

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
36

1 people who --

2 Q Okay.

3 A We've discovered -- this person is  
4 discovered by a CMO.

5 Q So the reporting that you receive from DCH  
6 is child specific; is that accurate?

7 A Yes.

8 Q Do you receive any -- I may have just  
9 interrupted you. I'm sorry, Dr. Pearson.

10 A No, you didn't.

11 Q Okay. I think my connection is just  
12 lagging. I apologize.

13 So just to be clear, you don't receive any  
14 aggregate reporting from DCH, for example, showing  
15 Medicaid utilization across the State?

16 A No.

17 Q Dr. Pearson, do you have responsibilities  
18 as clinical director as OCYF for monitoring the  
19 quality of community-based health services across  
20 the State?

21 A No. There's a quality -- gosh, I don't  
22 remember the exact title, but that's not part of my  
23 -- my responsibility, no.

24 Q Just to make sure I understand, there's  
25 another component within DBHDD that's responsible

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

37

1 for assessing the quality of behavioral health  
2 services; is that accurate?

3 A Right. That's correct. And I think --  
4 yeah.

5 Q Who lead that component?

6 A That has changed over time, so I'm not  
7 sure who's leading it now.

8 Q Do you know whether it's -- the person  
9 running that component is a clinician?

10 A I don't.

11 Q I'd like to show you another exhibit. I  
12 think we're on 34. Just give me one second and I'll  
13 pull it up, Dr. Pearson.

14 (WHEREUPON, Plaintiff's Exhibit-34 was  
15 marked for identification.)

16 BY MR. HOLKINS:

17 Q Dr. Pearson, can you see my screen?

18 A Yes, uh-huh.

19 Q So I'm just showing you this email for  
20 identification purposes. This is an email that you  
21 sent November 5th, 2015, to Monica Parker, and the  
22 Bates-stamp is GA00238245, and there's a spreadsheet  
23 that's attached to this email.

24 The spreadsheet is titled "Copy of QN  
25 Spreadsheet November 15." The title -- or the

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
38

1 subject of the email is "Behavioral Health Quality  
2 Council Project."

3 Let me first ask you, Dr. Pearson, who is  
4 Monica Parker?

5 A Monica Parker is now Monica Johnson.  
6 She's the director of behavioral health.

7 Q Thank you very much.

8 What I'm going to do now is put this down  
9 and then show you the attachment to this email.  
10 Give me one second.

11 Dr. Pearson, can you see the workbook  
12 titled "Behavioral Health Quality Management  
13 Framework"?

14 A Yes.

15 Q Do you recall seeing or sending this  
16 document?

17 A I saw the date that said 2015. So, no, I  
18 certainly don't.

19 Q And what is the Behavioral Health Quality  
20 Management Framework?

21 A It is -- you know, again, this happened so  
22 long ago, I don't recall it at all.

23 So I guess it is -- this may have been  
24 something that was derived from Monica that we had  
25 to fill out our part and send it back to her.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

39

1                   So it wasn't a form that I generated.

2           Q       I understand. Do you recall what your  
3 part would have been? Was it Apex school-based  
4 mental health?

5           A       That may have been part of it. I'd have  
6 to look at the whole thing, but in 2015, probably,  
7 yeah, I was working more directly with Apex than I  
8 do now.

9           Q       At that time, in 2015, were you the lead  
10 for the Apex project within OCYF?

11          A       I believe so. Yeah, if Matt Yancey was  
12 still at DBHDD at that time, since he started Apex,  
13 I was working directly under his direction, before  
14 Dante McKay arrived.

15                   So probably I was the point person in  
16 2015.

17          Q       Okay. So when Dante McKay joined OCYF, he  
18 took on lead responsibilities for Apex; is that  
19 accurate?

20          A       Not the day-to-day. He hired somebody to  
21 do that.

22          Q       Okay. And what's your current  
23 responsibilities with respect to Apex?

24          A       I'm there kind of just as the clinical  
25 consult. I'm not actively doing anything with Apex

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

40

1 unless there is a training that the COE is putting  
2 on and they've asked me to do a presentation of some  
3 kind.

4 I kind of sit in the background.

5 Q Thank you.

6 Let me just ask whether you're still using  
7 this Behavioral Health Quality Management Framework?

8 A I'm not.

9 Q Are you using any kind of centralized  
10 resource to track outcomes related to behavioral  
11 health service quality?

12 A I personally am not.

13 Q All right. You can put this one aside.  
14 Just one second.

15 Dr. Pearson, I'd like to show you another  
16 exhibit?

17 MR. HOLKINS: This one is going to be  
18 marked Exhibit 35.

19 (WHEREUPON, Plaintiff's Exhibit-35 was  
20 marked for identification.)

21 BY MR. HOLKINS:

22 Q If you give me one second, I'm going to  
23 pull up the email and then I'll show you the  
24 attachment to the email.

25 Dr. Pearson, can you see my screen?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

41

1 A Yes.

2 Q So, for the record, this is an email that  
3 you wrote and sent on February 19, 2018. It's  
4 directed to a number of recipients.

5 The tile is "Agenda for Today's PRTF  
6 Meeting." And there's an attachment. It's a  
7 document PRTF Agenda 2/19/18.

8 For the record, this is GA00382059.

9 Let me just ask you broadly, Dr. Pearson,  
10 what was this PRTF agenda about -- not specifically  
11 this agenda. What is this meeting about?

12 A It looks like a consortium of the PRTF  
13 getting together to talk about issues that were  
14 pertinent to the PRTFs.

15 Q And how long has the PRTF consortium been  
16 meeting to talk about issues related to the PRTFs?

17 A For several years.

18 Q Are you the lead on that meeting?

19 A We have not had the consortium meeting now  
20 for several years. But I had been, yes.

21 Q Why did the consortium stop meeting?

22 A I think primarily it was COVID-related.  
23 We used to meet in person at the System of Care  
24 Academy. So when that went virtual, the PRTF  
25 consortiums weren't organized. I no longer

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

42

1 organized them.

2 And so our meetings have been -- they're  
3 not meetings per se. We've had individual meetings  
4 with PRTFs and talking about ways that we could  
5 reconnect and come together again. It just hasn't  
6 happened yet, but certainly we are talking about  
7 doing that and looking at a date with the Center of  
8 Excellence.

9 Q And while you guys are talking about  
10 reconvening these meetings, do you have any ongoing  
11 responsibilities with respect to reviewing quality  
12 of services in the PRTFs?

13 A Well, since the PRTFs are really not  
14 managed by DBHDD but by DCH, that is not something  
15 that we do.

16 Now, the COE has been collecting data on  
17 particular outcome measures for a while, and we  
18 review those in these PRTF meetings, to talk about  
19 what, you know, particular maybe challenges were,  
20 what kinds of things the PRTFs had pretty much  
21 accomplished. They were maybe at 90 to 100 percent  
22 compliance, and if those items still need to be on  
23 those reports or not. If all the PRTFs agree, yeah,  
24 we kind of got this, we don't need to be monitoring  
25 this anymore.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

43

1           We would, you know, discuss removing that  
2   item. But the Center of Excellence would be the  
3   body that would send those reports out. They would  
4   collect the data from the PRTFs, send the reports  
5   out, and then those reports would be made available  
6   to the PRTFs during these meetings.

7           Q     Understood. What kind of outcomes related  
8   to the PRTFs is the COE tracking?

9           A     Things like are the families, caregivers  
10  involved; are the families involved with discharge  
11  planning; does discharge planning begin at  
12  admission; is there any recidivism; does the child  
13  return to a PRTF level of care post-discharge.

14           That's what I'm thinking, remembering off  
15  the top of my head. I don't recall all the items.

16           Q     Did you participate in selecting those  
17  outcomes, or was that something that the COE did by  
18  itself?

19           A     No. We did it together.

20           Q     Are you receiving that data now on an  
21  ongoing fashion?

22           A     The PRTFs have asked to revisit that whole  
23  process partly due to the impact of the workforce  
24  shortage that COVID has brought. It's difficult for  
25  them to have staff assigned to do those kinds of

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

44

1 reports, and so they're asking for some relief, and  
2 that's a part of what we would be meeting to discuss  
3 with them.

4 Q Recognizing that the PRTF providers have  
5 concerns about capacity, are you receiving those  
6 reports right now on a regular basis?

7 A No.

8 Q So the COE is not currently collecting  
9 that data from the PRTFs, to your knowledge?

10 A Not to my knowledge.

11 Q Do you have a sense of how many referrals  
12 are made to the PRTFs each month?

13 A I don't have a number.

14 Q Is that something that the COE tracks, to  
15 your knowledge?

16 A The referrals to PRTFs?

17 Q Correct.

18 A No. No. That, that -- because the PRTFs  
19 would have to report that to the COE. So it's not  
20 like they would have a way of knowing, and since  
21 that reporting process is kind of in limbo right  
22 now.

23 Q Dr. Pearson, I think you referenced  
24 providing training as part of your official duties  
25 as a clinical director. Is that part of your job?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

45

1           A       I don't organize and do training. We have  
2   an office of -- what is OLO. The learning office of  
3   DBHDD is responsible for that, but if I am asked to  
4   do a presentation on a particular issue, like  
5   whatever the issue was, like a lot of it was in  
6   COVID, you know, the impact of COVID on emotional  
7   health or something like that.

8           Q       And when you make those presentations, is  
9   that to an audience of providers? Who are you  
10  presenting to?

11          A       Providers, other stakeholders. It's  
12  opened up to anyone who chooses to register.

13          Q       Do you provide any trainings to providers  
14  in Georgia about evidence-based services for  
15  children who have behavioral health conditions?

16          A       Again, I personally don't, but the office  
17  of the learning and training office at DBHDD is  
18  responsible for training providers.

19          Q       Do you know whether that office provides  
20  any training to providers about evidence-based  
21  services for children with behavioral health  
22  conditions?

23          A       I'm thinking that they do. I couldn't  
24  name a particular one for you at this time, but I'm  
25  sure you could find that out by contacting that

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
46

1 office directly.

2 Q And who heads that office?

3 A That director just changed. Gosh, I can't  
4 think of his name right now.

5 Q Do you know whether the individuals  
6 providing training through that office are  
7 clinicians?

8 MR. PICO PRATS: Objection.

9 A No, I don't. But I think what they do is  
10 really sometimes they get clinicians in. I remember  
11 they'll have licensed mental health professionals  
12 who can do training that's specific -- if it's  
13 clinical training, they have clinical people doing  
14 the training. But they do training about other  
15 things, like family, whatever, that's relevant to  
16 the provider, to facilitate the, you know, the  
17 provision of appropriate services.

18 Q Have you ever participated in one of these  
19 trainings as an attendee?

20 A Yes.

21 Q When is the last time that happened?

22 A Probably through -- let's see. Well, the  
23 required training that we have to do about like  
24 cybersecurity and things like that, that's almost  
25 every other month.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

47

1 Q Understood.

2 A I have to -- those are required and I have  
3 to do those.

4 Relative to clinical training, we have the  
5 behavioral health symposium that's coming up. It's  
6 annual. I do those.

7 The Care Academy, I do those. I help --  
8 I'm on the committee but I also attend. That's  
9 coming up.

10 Q You mentioned that you're on the  
11 committee. Is that for the System of Care Academy?

12 A Yes.

13 Q And could you just briefly describe what  
14 the work of the System of Care Academy is?

15 A It's to bring together providers, both  
16 community-based and residential, and other  
17 interested stakeholders, families, advocates, to  
18 really be exposed to a variety of subject matter  
19 experts in a variety of areas.

20 Every year the System of Care Academy  
21 planning team gets the surveys and reviews the data  
22 gathered on the surveys about which workshops people  
23 liked, which ones they didn't like, what they would  
24 like to see in the future. And that informs the  
25 planning for the subsequent System of Care Academy.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
48

1 In years past, we would gather  
2 face-to-face. In the last several years it's been  
3 virtual, and it will be virtual again this year.

4 Part of my role on the Planning Committee  
5 is to review the work for proposals, to review those  
6 proposals. And according to a rubric that Dr.  
7 Flowers -- Dr. Flowers coordinates and oversees all  
8 of this -- and then we evaluate the workshops based  
9 on that rubric, and then those get planned for  
10 presentation.

11 Q And just for the record, what is the first  
12 name of Dr. Flowers and what is her role or title?

13 A Dr. Adell Flowers. And she's -- I believe  
14 her title has something to do with workforce  
15 development.

16 Q Thank you.

17 Do GNETS program directors or other  
18 representatives from the GNETS program participate  
19 in the System of Care Academy?

20 A As attendees -- I couldn't tell you if  
21 they are attending or not.

22 Q And what about as committee members?

23 A No.

24 Q They don't participate as committee  
25 members; is that accurate?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

49

1 A That's accurate.

2 Q How long have you been involved with the  
3 committee for the System of Care Academy?

4 A Probably more than -- maybe seven, eight  
5 years or so.

6 Q And for that entire span of time, seven or  
7 eight years, have GNETS' program directors ever  
8 participated in the committee for the System of Care  
9 Academy?

10 A No.

11 Q Give me one second. I think we may be  
12 ready for a brief break, but I want to confer with  
13 my colleague.

14 Actually, I do have another question for  
15 you, Dr. Pearson.

16 Are you familiar with the term "early  
17 periodic screening diagnostic and treatment," or  
18 EPSDT?

19 A Somewhat. A little bit.

20 Q What's your understanding of EPSDT?

21 A I think it's a program that is  
22 administered by DCH. I'm not well-versed in it at  
23 all.

24 Q Okay. Just to confirm, do you have any  
25 role in your official duties as clinical director at

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
50

1 OCYF in assessing whether the State is providing  
2 required EPSDT screening and services to children  
3 with behavioral health conditions?

4 A No.

5 MR. HOLKINS: Give me one second, Dr.  
6 Pearson.

7 I think this is a good time for a  
8 ten-minute break.

9 We could try to come back, let's call it  
10 12 minutes, at 10:25. I think that would be  
11 great.

12 THE VIDEOGRAPHER: Going off video record,  
13 10:12 a.m.

14 (A recess was taken.)

15 THE VIDEOGRAPHER: We're now back on video  
16 record, 10:27 a.m.

17 BY MR. HOLKINS:

18 Q Dr. Pearson, I'd like to ask you some  
19 questions about the System of Care in Georgia  
20 broadly before we talk specifically about GNETS.

21 Would that be all right?

22 A Yes.

23 Q We talked a bit about the Community  
24 Service Boards and community providers broadly, and  
25 I'm curious to get your thoughts on what you see as

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

51

1 DBHDD's role vis-a-vis providers of community health  
2 services in Georgia.

3 A DBHDD has contracts with providers that  
4 offer different levels of care. The Community  
5 Service Boards being the public providers that offer  
6 the largest array of services for their  
7 constituencies, depending on what regions, where  
8 they're located.

9 There are other providers that may be more  
10 specialized, like the Intensive Family Intervention  
11 providers. We have contracts with all of those.

12 Contracts with some of the other service  
13 providers that are not necessarily serving the  
14 public, like some of the private hospitals, who will  
15 -- we purchase what we call overflow beds, when our  
16 crisis stabilization units are full, and people who  
17 need that level of care can't get in where we can  
18 purchase a bed for one of those providers. So we  
19 have contracts with them as well.

20 And then The Division of Developmental  
21 Disabilities has its own host of contracts with  
22 providers that serve people with developmental  
23 disabilities.

24 Q And how would you describe DBHDD's  
25 relationship, if any, with respect to schools where

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
52

1 children may be receiving behavioral health  
2 services, whether through Apex or otherwise?

3 A Well, we don't have contracts with  
4 schools. The Apex contracts went through the  
5 community providers, like the Community Service  
6 Boards. Initially, only to community service boards  
7 and they determined the schools that they would send  
8 their license and issues to, to do SCHOOL-BASED  
9 mental health.

10 Q How would you describe DBHDD's  
11 relationship, if any, with respect to the GNETS  
12 program?

13 A I would not describe any relationship  
14 outside of DBHDD oversees behavioral health. GNETS  
15 is overseen by the Department of Education, another  
16 state agency.

17 I mean there's no real direct relationship  
18 between the Department of Behavioral Health and  
19 GNETS. That's a school program. It's not our  
20 program.

21 Q You said that GNETS is overseen by the  
22 Georgia Department of Education; is that correct?

23 A That's how I understand it.

24 Q And based on your understanding, is that  
25 pursuant to some state statute or other authority?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

53

1           A       That's just my understanding of what the  
2 Georgia Department does for its children who have  
3 special needs who can't be served in traditional  
4 classrooms.

5           Q       And is it your understanding that DBHDD is  
6 a state agency charged with overseeing the  
7 behavioral health service system in the state?

8           A       Yes.

9           Q       And just to be clear, is it your testimony  
10 today that DBHDD has no role with respect to the  
11 GNETS system?

12          A       That's how I understand it. Again,  
13 behavioral health is our lane. Education belongs to  
14 the Department of Education.

15               MS. COHEN: I'm sorry, Dr. Pearson, did  
16 you say link or lane?

17               THE WITNESS: Lane.

18               MS. COHEN: Lane. Thank you.

19 BY MR. HOLKINS:

20          Q       Dr. Pearson, do you interact with Care  
21 Management Organizations at all as part of your  
22 duties as clinical director at OCYF?

23          A       Primarily through our ACER meetings where  
24 the Care Management Organizations are present and  
25 more indirectly because the person that I supervise

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
54

1 has the responsibility of monitoring the bed board  
2 to alerting DCH when a child covered by a CMO shows  
3 up on the bed board, and then DCH reaches out to the  
4 CMO, and I'm copied on all those emails.

5 Q Could you explain what the bed board is?  
6 I'm not sure if I understood that correctly. Is  
7 that the term you used, bed board?

8 A The bed board, yes.

9 It's -- it's the place where -- that's  
10 managed by our GCAL system, where young people -- I  
11 don't know all the mechanics of it, except that when  
12 young people show up in an ED somewhere across the  
13 State, and GCAL has been contacted about hospitals  
14 or something to say there's a young person having a  
15 psychiatric or behavioral health crisis, in our  
16 emergency room, and they really need a crisis  
17 stabilization service, or bed.

18 They show up on this, this reporting  
19 system that my staff monitors all through the day.  
20 And when those children are covered by Care  
21 Management Organization, Diana Litz, Catherine or  
22 someone on her staff know we have this young person,  
23 he's covered by Sympatico, whatever, these are the  
24 issues, and then Catherine forwards it on, and I  
25 just get copied on all of those emails.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

55

1 Q And by Catherine, were you referring to  
2 Catherine Ivy at DCH?

3 A Yes, uh-uh.

4 Q So would it be fair to describe your role  
5 in this context as you just described as kind of a  
6 care coordination function?

7 A That's not what I personally do. Again,  
8 it's more supervising the person who monitors that  
9 -- those reports coming in and Diana is shepherding  
10 it through to DCH, who then shepherds it through to  
11 the CMO.

12 So it's my team that's doing it, and I'm  
13 -- not me.

14 Q I understand. So once the connection is  
15 made by your staff to DCH, is there any further  
16 involvement for your staff at that point?

17 A Well, again, that board is monitored many  
18 times during the day, and my team might notice, for  
19 example, that the child's name is still on the  
20 board, is still being reporting as needing a bed.  
21 So they reach back out and say, hey, here's this  
22 particular child, we've reached out to you a day or  
23 so ago, the child's name is still on the board, has  
24 there been any action with this child.

25 And they again -- and then the CMO reports

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

56

1 back, this is what we've been trying, et cetera,  
2 this is what's going to happen. Or sometimes the  
3 board is mistaken. The child has been moved but the  
4 name still shows up.

5 So that kind of follow-up is routine.

6 Q Understood. Thank you.

7 Just ballpark figures, about how many  
8 children are on this board at any given time?  
9 What's the range?

10 MR. PICO PRATS: Objection.

11 A I can't tell you.

12 Q Is it because you don't monitor the board  
13 yourself or for some other reason?

14 A I don't monitor the board myself, no. I  
15 am aware because I get the emails, but I'm not  
16 tracking how many of those emails I get per day.

17 It can wax and wane seasonally. You know,  
18 Christmas season might be busier than summer, for  
19 example.

20 But the ones that come to my attention are  
21 the ones that might linger for long periods of time  
22 because a child can't get into a crisis unit or the  
23 CMO has tried, you know, reaching out to other  
24 places and they've not been successful.

25 So, you know, those, those kind of pop up

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

57

1 over and over, but I'm not really tracking I got  
2 five today, 10 tomorrow, that kind of thing.

3 Q Understood.

4 Have there been occasions where children  
5 have been on this board, as you described it, for a  
6 longer period of time because the services that they  
7 needed were not available to them?

8 A Yes. Yes.

9 Q Would that be, for example, crisis  
10 stabilization services?

11 A Yes.

12 Q What other service, because of a lack of  
13 availability, would result in children being on this  
14 list for a longer period of time?

15 A They're on the board because they need  
16 crisis stabilization.

17 Q Understood.

18 Does your office maintain a board, like  
19 the one you've just described, for accessing any  
20 other service --

21 A No.

22 Q -- besides crisis stabilization?

23 A No.

24 Q Dr. Pearson, are you familiar with the  
25 Georgia Collaborative Administrative Services

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
58

1 Organization?

2 A The Georgia Collaborative -- yes, I  
3 believe so.

4 Q I think it's also known by the  
5 abbreviation Georgia Collaborative ASO.

6 A Uh-huh. Yes.

7 Q Could you describe what the Georgia  
8 Collaborative ASO does?

9 A Administrative Services Organization  
10 contains the Beacon function, the Beacon services  
11 that -- gosh. They actually chair the joint  
12 meetings -- we have the joint clinical meetings that  
13 we have over a number of administrative things.

14 But Beacon is our primary arm for  
15 reviewing those services -- those requests rather,  
16 for PRTF levels of care. They go through -- when  
17 the child is covered by Medicaid only, or if the  
18 child is uninsured, those requests go to Beacon.

19 And the CMOs, of course, handle their own.  
20 We're not responsible for those.

21 Q Just to make sure that I understand,  
22 Beacon's role with respect to the population you  
23 just described is to conduct medical necessity  
24 evaluations for PRTF levels of care? Is that  
25 accurate?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
59

1           A       Yes, that would be accurate. They have  
2       their medical director and their clinicians on staff  
3       to review those application packets. Wherever  
4       someone is seeking that level of care that's covered  
5       by Medicaid.

6           Q       And does Beacon conduct medical necessity  
7       evaluations with respect to any other service or  
8       level of care?

9           A       Right. You have to get authorization to  
10      provide services through Beacon. So it's not just a  
11      PRTF level of care, but that's the one I'm most  
12      focused on.

13          Q       So, again, this is to make sure I'm  
14      tracking, is Beacon performing that same medical  
15      necessity evaluation for all Medicaid reimbursable  
16      services?

17          A       Right.

18          Q       Do you have any responsibility as clinical  
19      director at OCYF for overseeing the medical  
20      necessity evaluations being conducted by Beacon?

21          A       No.

22          Q       Does anyone in DBHDD have that  
23      responsibility?

24          A       Well, Beacon is the ASO with which DBHDD  
25      contracts to provide that service.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

60

1 Q I -- sorry. Go ahead.

2 A Go ahead.

3 Q I apologize for interrupting you.

4 I understand that the ASO is responsible  
5 for doing the medical necessity evaluations. My  
6 question, though, is whether anyone in DBHDD is  
7 reviewing the assessments that Beacon does?

8 A I'm not sure that anybody is actually  
9 reviewing the actual assessments.

10 I know that their folks that are working  
11 with Beacon just relative to the overall function if  
12 there are some concerns, but, no, not the actual  
13 assessments that come in, no.

14 Q Got it.

15 A Or the requests, rather, that come in.

16 Q So you're not aware of any audit process,  
17 regular audit process, for the medical necessity  
18 evaluation to be performed by Beacon at DBHDD?

19 A I mean, no, I'm not aware of them. I'm  
20 not saying that they don't exist. I'm just not part  
21 of it. I'm unaware.

22 Q Do you have a sense of who at the Georgia  
23 Collaborative Administrative Services organization  
24 is responsible for medical necessity evaluations in  
25 connection with children's behavioral health

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

61

1 services?

2 A At Beacon?

3 Q Yes, at Beacon.

4 A Everybody's name is -- I know the medical  
5 director comes to the meetings. His name is  
6 escaping me right now.

7 The person who chairs the meetings that I  
8 know is Ashley Triquet, and one of her staff is  
9 named Cheryl Harvey. Those are the two people that  
10 I have the most contact with relative to the status  
11 of a particular request for a PRTF level of care.

12 Q Thank you.

13 A I'm just not getting the other guy's name.

14 Q When you just referenced meetings right  
15 now, are you talking about the joint clinical  
16 meetings?

17 A Yes.

18 Q Would you describe what happens at the  
19 joint clinical meetings?

20 A Well, there are agendas that Ashley  
21 publishes in advance of every meeting, and there's a  
22 wide range of issues that get covered there that are  
23 not all purely clinical. Some of them are more  
24 administrative, data related. There may be some  
25 quality issues that come up, but the agenda --

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
62

1 there's some set items on the agenda from  
2 week-to-week. Like there are people who have long  
3 lengths of stay and there needs to be some kind of  
4 discussion around problem solving, that a person has  
5 had an extended length of stay beyond what would be  
6 typical.

7 So all of that comes up as well. Updates  
8 from different parts of the agency, et cetera.

9 So the agenda can vary, but they can also  
10 have fixed items.

11 Q Thank you.

12 Is this a weekly meeting, the joint  
13 clinical?

14 A I believe it's -- it moved from weekly to  
15 monthly -- it's monthly -- or is it every other  
16 week?

17 The meetings kind of mash together. It's  
18 no longer weekly. It used to be but it no longer  
19 is.

20 Q Are you a regular participant in this  
21 meeting?

22 A Pretty regular.

23 Q Do any representatives of the GNETS  
24 program participate in joint clinical meetings?

25 A No.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

63

1 Q Is GNETS ever a topic of discussion at  
2 joint clinical meetings?

3 A I can't recall.

4 Q You can't recall a time when GNETS was a  
5 topic of discussion at a joint clinical meeting?

6 A I can't. I can't. It may have come up at  
7 some point in all the years of the joint clinical  
8 meetings, but I just can't recall them.

9 Q PRTFs are a topic of discussion at the  
10 joint clinical meetings, correct?

11 A Sometimes.

12 Q Would you say that PRTFs are more often a  
13 topic of discussion at joint clinical meetings than  
14 GNETS?

15 MR. PICO PRATS: Objection.

16 A Could be.

17 Q Well, when is the last time you can recall  
18 that an issue related to PRTFs came up at a joint  
19 clinical meeting?

20 A It just -- I can't. You know, like I  
21 said, the agendas vary. I just -- I can't tell you  
22 it was last month or the month before. They happen  
23 too frequently for me to track like that.

24 Q I think I referenced earlier in the  
25 deposition the Georgia State University Center of

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
64

1 Excellence. Are you familiar with that entity?

2 A Yes.

3 Q How would you describe the relationship  
4 between DBHDD and the Center of Excellence?

5 A We have a contract with the Center of  
6 Excellence. They have been partners in data  
7 gathering for different programs, producing reports  
8 for various reasons.

9 They also sit on the IDT, the directors  
10 meeting, of which I am not a part, but I know that  
11 they are represented there as well.

12 They come to the ACER meetings, and they  
13 have just been kind of thought partners in a lot of  
14 different programming.

15 Q Do you interact directly with the Center  
16 of Excellence as part of your job duties at OCYF?

17 A In some instances.

18 Q What are those instances?

19 A In the meetings that I just described.

20 Q So that was ACER, correct?

21 A Right.

22 Q You mentioned IDT as well, but also that  
23 you don't participate in IDT. Is that accurate?

24 A Correct.

25 Q So is it just ACER?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
65

1           A       There are Apex meetings that COE chairs,  
2           and those are, I believe, every other week, unless  
3           there is some other project coming up, and then  
4           there might be more ACER meetings that are  
5           scheduled.

6           Q       How long has the COE been leading those  
7           Apex meetings with DBHDD?

8           A       I don't, I don't remember. It's been  
9           going on for years. I just don't know how long.

10          Q       And what is your role in participating in  
11          those Apex meetings with COE?

12          A       As I mentioned earlier, since I no longer  
13          have direct oversight of Apex, I'm there kind of as  
14          a clinical consultant when necessary. You know, IF  
15          there's a training on a particular issue, I may get  
16          asked to present. I'm there just kind of as an  
17          observer these days, because Apex has its own team.

18          Q       Are you familiar with an individual who  
19          works at the Center of Excellence by the name of  
20          Dimple Desai?

21          A       Yes.

22          Q       How would you describe Dimple Desai's  
23          responsibilities with respect to Apex?

24          A       She chairs the meetings. She organizes  
25          the agendas. She is probably the lead on whenever

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
66

1 there are gatherings for the Apex providers, and I  
2 believe she oversees the team that does the surveys  
3 or the data gathering and making sure that the  
4 reports get generated.

5 Q Are you familiar with the Georgia Advocacy  
6 Office, or GAO?

7 A I have -- I'm aware of them.

8 Q Do you interact with the Georgia Advocacy  
9 Office at all as part of your job duties?

10 A Not very much at all. Very little.

11 Q I'd like to shift gears now, Dr. Pearson,  
12 and ask you some questions about GNETS.

13 Is that all right?

14 A Yes.

15 Q What is your understanding of what the  
16 GNETS program is?

17 A It's a program that's run by the  
18 Department of Education for their students who are  
19 unable to be successful in a traditional classroom  
20 because of either behavioral health challenges or  
21 developmental delay challenges.

22 Q Are you familiar with the admission  
23 requirements for GNETS programs?

24 A Just that -- what I just described, that  
25 those young people who have difficulty being

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

67

1 successful in a traditional classroom for whatever,  
2 but I don't know what instruments they use to  
3 determine who would be eligible to go into GNETS.

4 Q When did you first become aware of GNETS?

5 A Some years ago. I can't give you a  
6 specific year when I first heard of GNETS.

7 Q Is this something you've known about since  
8 you started your current role as clinical director?

9 A Yes.

10 Q When is the last time you visited the  
11 GNETS facility?

12 A It's been years.

13 Q Do you recall which facility you last  
14 visited?

15 A One in DeKalb County, if memory serves --  
16 DeKalb County.

17 Q What was the purpose of that visit to the  
18 GNETS facility in DeKalb County?

19 A I was invited to go by my director to  
20 meet. There was a director there of that program,  
21 and we went to meet her, and I believe tour the  
22 facility.

23 Q When you say you were invited by your  
24 director, are you referring to Dante McKay?

25 A Yes.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
68

1 Q And since that occurred, have you been  
2 invited by Dante McKay or anyone else to visit a  
3 GNETS facility?

4 A There was -- again, this was years ago and  
5 I'm not recalling which year, but it's been a while,  
6 where there was a group of child surveying agencies,  
7 I think -- I'm not even remembering who all was  
8 invited, but they were hosted at different  
9 locations. I think this must have been some DOE  
10 meeting and they were hosted at different DOE  
11 locations, and one of the locations was a GNET  
12 school, I'm remembering.

13 I don't remember which one or where it  
14 was. I just remember that was one of the locations  
15 where a meeting was hosted.

16 But beyond them providing a space for a  
17 group of people to gather to meet around a  
18 particular agenda, there was nothing else noteworthy  
19 about that visit.

20 Q Thank you.

21 Dr. Pearson, I'd like to show you another  
22 exhibit, if I could.

23 MR. HOLKINS: I think we're at 35 --

24 MS. COHEN: 36.

25 MR. HOLKINS: 36. Thank you.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
69

1 Give me one second. I'll pull this up on  
2 the screen.

3 (WHEREUPON, Plaintiff's Exhibit-36 was  
4 marked for identification.)

5 BY MR. HOLKINS:

6 Q Dr. Pearson, can you see my screen?

7 A Yes.

8 MR. HOLKINS: So I'll represent for the  
9 record this is an email from you dated July 5,  
10 2016, to Dante McKay. The subject is "Re.  
11 GNETS Site Visit."

12 And the Bates number is GA00583025.

13 BY MR. HOLKINS:

14 Q Dr. Pearson, I'm going to give you control  
15 of this document so that you can take a moment to  
16 review it.

17 Give me one second.

18 You have control. You should be able to  
19 move through the document. Please let me know when  
20 you've had an opportunity to review it briefly.

21 (Witness reviews exhibit.)

22 A Okay, I've seen it.

23 Q Thank you. I'm going to take control  
24 back.

25 So, Dr. Pearson, let me first ask whether

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

70

1 this email chain is about coordinating the site  
2 visit that you were just describing to the GNETS  
3 facility in DeKalb County?

4 A This appears to be it.

5 Q So the visit was in 2016, based on this  
6 email chain; is that correct?

7 A That's the date on the email.

8 Q So you mentioned that you toured GNETS  
9 facilities as part of this visit. Could you  
10 describe what that tour entailed?

11 A That was 2016. I don't recall the details  
12 of that visit.

13 Q I want to direct you to an email that is  
14 within this chain, and it was sent to Nakeba Rahming  
15 to Dante McKay on May 26, 2016. The title of the  
16 email is "Trauma Informed Care."

17 First, let me ask you, Dr. Pearson, do you  
18 know who Nakeba Rahming is?

19 A I met her that particular time, but,  
20 again, that was 2016.

21 Q And is it your understanding that at the  
22 time Ms. Nakeba Rahming was program manager for the  
23 GNETS program?

24 A That's what's in her signature line, so  
25 yeah.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

71

1 Q Ms. Rahming wrote in her email to Dante,  
2 on May 26th: "I am working on a trauma informed  
3 care service delivery model for GNETS. I wanted to  
4 know if DBHDD has been doing any work in this area  
5 and if so can we collaborate on things related to  
6 it?"

7 Do you see that text in her email?

8 A Yes.

9 Q Did any collaboration between DBHDD and  
10 GNETS with respect to trauma informed care service  
11 delivery occur after this email, to your knowledge?

12 A Not to my knowledge.

13 Q Ms. Rahming also writes in that same  
14 email: "I also would like to talk about ideas for  
15 integrating mental health agency services into this  
16 model."

17 Do you see that text?

18 A Yes.

19 Q And to your knowledge, has there been any  
20 coordination between DBHDD and GNETS since this  
21 email toward integrating mental health agency  
22 services into the GNETS model?

23 A Not to my knowledge.

24 Q And I just want to clarify your testimony,  
25 Dr. Pearson, that this was the most recent official

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

72

1 site visit that you conducted at a GNETS facility.

2 Is that accurate?

3 A I wouldn't say that we conducted a site  
4 visit. I would say that we visited this particular  
5 program in response to an invitation.

6 Q So let me again ask whether this was the  
7 last time, to your knowledge, that OCYF has visited  
8 a GNETS facility for the purposes of touring it?

9 A Well, because I -- I mean it could be.  
10 The other reference that I made earlier by a GNETS  
11 site hosting a meeting, I don't know, it could have  
12 been before or after this. So I don't want to  
13 commit to saying, yeah, that's the last time I was  
14 ever visited a GNETS site, because I don't have the  
15 dates when a GNETS site was a host for another  
16 meeting. I just, I just don't recall those dates.

17 But in terms of going for the purposes of  
18 seeing a facility, this could be the last time. I'm  
19 not recalling anything outside of what I already  
20 described.

21 Q Have you conducted any visits to GNETS  
22 facilities in the last year?

23 A No.

24 Q Have you conducted any visits to GNETS  
25 facilities in the last two years?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

73

1 A No.

2 Q In the last three years?

3 A No.

4 Q In the last five years?

5 A I do not recall visiting a GNETS facility.

6 Q In the last five years?

7 A Right. Beyond whatever is in these  
8 emails.

9 Q Thank you, Dr. Pearson.

10 You can put this email aside.

11 Dr. Pearson, do you have any ongoing  
12 responsibilities in your capacity as clinical  
13 director specifically with respect to GNETS?

14 A No.

15 Q In your official capacity as clinical  
16 director, do you coordinate with GNETS' program  
17 directors?

18 A No.

19 Q Do you coordinate with Debbie Gay?

20 A No.

21 Q Do you coordinate with Vickie Cleveland?

22 A No.

23 Q Do you coordinate with Zelfhine  
24 Smith-Dixon?

25 A I have spoken to Dr. Smith-Dixon about

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

74

1 another matter, but do I coordinate with her? No.

2 But I'm aware of who she is.

3 Q I understand. Just to make sure I'm  
4 clear, you don't coordinate with Dr. Smith-Dixon  
5 with respect to GNETS; is that accurate?

6 A That's correct.

7 Q And what do you coordinate with Dr.  
8 Smith-Dixon about?

9 A Again, she and I have spoken about a  
10 particular child who was one of those children who  
11 was requiring out-of-state care. So around trying  
12 to coordinate services for him we spoke.

13 Q And what is Dr. Smith-Dixon's role within  
14 the State?

15 A I'm sorry?

16 Q Where does Dr. Smith-Dixon work?

17 A For the Department of Education, as far as  
18 I know.

19 Q Do you recall why Dr. Smith-Dixon was  
20 involved in that discussion about a particular child  
21 who required care out of state?

22 A She was referred to us by Dr. McGiboney's  
23 office.

24 Q The child was referred?

25 A No. Dr. Smith-Dixon. We were seeking

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

75

1 some assistance around this child's educational  
2 needs, and we reached out to Dr. Garry McGiboney's  
3 office, and Dr. McGiboney's office directed us to  
4 Dr. Smith-Dixon.

5 Q And just for the record, what was Dr.  
6 Garry McGiboney's role at that time?

7 A I can't remember his official title, but  
8 he was the person that we knew in the Department of  
9 Education. So we just reached out to someone that  
10 we knew.

11 Q And what was Dr. Smith -- excuse me.  
12 What was Dr. Smith-Dixon's contributions  
13 to that discussion about the particular child who  
14 may have needed out-of-state care?

15 A She was trying to help us to understand  
16 the, the child's whole county's educational system,  
17 was not that involved with his services out of  
18 state, and we were trying to get them to be more  
19 involved with his services out of state and to see  
20 what the -- Dr. Smith-Dixon could explain what the  
21 funding mechanisms might be to cover his educational  
22 costs in this out-of-state facility.

23 Q Is that the only instance you can recall  
24 coordinating with Dr. Smith-Dixon about a specific  
25 case?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

76

1           A       That was my only time coordinating with  
2 her.

3           Q       Do you coordinate on a regular basis with  
4 anyone else at the Georgia Department of Education  
5 about specific cases?

6           A       No.

7           Q       Do you recall whether the child at issue  
8 in the case you've been describing was diagnosed  
9 with autism?

10          A       I don't recall his diagnoses.

11          Q       Do you recall the name of the child?

12          A       I do.

13          Q       Could you share the name of the child,  
14 please?

15          A       Can I ask why you need his name?

16          Q       So we can't answer questions in the course  
17 of a deposition.

18                   Is there a reason why you are not  
19 comfortable answering?

20          A       Well, we typically don't talk about  
21 children by name in these -- in any meetings. We  
22 use their initials.

23                   MS. COHEN: There's not a direction by  
24 counsel not to answer, is there?

25                   MR. PICO PRATS: I'll put an objection

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

77

1           here, and I'll let her answer and we can talk  
2           about it later.

3 BY MR. HOLKINS:

4           Q     You can answer the question, Dr. Pearson.

5           A     His initials are "TW."

6           Q     And what's the name of the child?

7           A     His name is Tyrese Wiley.

8           Q     Tyrese Wiley, W-I-L-E-Y, is that accurate?

9           A     Yes.

10          Q     Dr. Pearson, are you aware whether the  
11 GNETS program has a strategic plan?

12          A     I'm not sure I know what you mean. You  
13 mean GNETS in general? If they have a strategic  
14 plan that's general, or is it specific to particular  
15 children?

16                I'm not sure what you mean.

17          Q     I'm asking about the program as a whole,  
18 whether the State --

19          A     I don't know what -- beyond what I've  
20 described about my knowledge of GNETS, that -- you  
21 know, what it's designed for, the children that they  
22 are supposed to be serving, that's pretty much it.

23          Q     Just to confirm, you're not aware of  
24 whether the GNETS statewide program has a strategic  
25 plan; is that accurate?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

78

1 MR. PICO PRATS: Objection.

2 A I just don't know what it is. If they  
3 have -- I'm sure they -- was, but I don't know what  
4 it is. I can't tell you what it was chapter and  
5 verse.

6 Q Have you had any role as clinical director  
7 at OCYF with respect to assessments conducted under  
8 the GNETS strategic plan?

9 A No.

10 Q Dr. Pearson, do you present -- excuse me.  
11 Do you provide training or technical  
12 assistance to GNETS staff?

13 A No.

14 Q Does anyone within OCYF provide training  
15 or technical assistance to GNETS staff?

16 A Not to my knowledge.

17 Q If I can, I'd like to show you another  
18 exhibit.

19 MR. HOLKINS: Which will be 37.

20 (WHEREUPON, Plaintiff's Exhibit-37 was  
21 marked for identification.)

22 BY MR. HOLKINS:

23 Q Just give me a second and I will pull it  
24 up.

25 Bear with me. I'm actually just

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
79

1 converting the document so I can search for words  
2 within it. This may take a minute or two. I  
3 apologize for the delay.

4 MS. COHEN: Why don't we take a brief  
5 break anyway. We've been going for an hour.

6 MR. HOLKINS: Yes. Let's take a  
7 ten-minute break.

8 THE VIDEOGRAPHER: Going off video record,  
9 11:14 a.m.

10 (A recess was taken.)

11 THE VIDEOGRAPHER: We're now back on video  
12 record, 11:26 a.m.

13 BY MR. HOLKINS:

14 Q Dr. Pearson, as I mentioned before we went  
15 off record, I'd like to show you another exhibit and  
16 this is Exhibit 37.

17 I've got it pulled up, so let me just  
18 share my screen.

19 MR. HOLKINS: I'll note for the record the  
20 title of this document is "GNETS Strategic Plan  
21 Activities for FY12." And the Bates number is  
22 GA-DOE-001620, produced by the State to the  
23 United States in this matter.

24 BY MR. HOLKINS:

25 Q Dr. Pearson, I know this document is from

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

80

1 a while ago. I'll just ask you whether you have any  
2 recollection of seeing it?

3 A No.

4 Q So I'm going to use the control find  
5 function to fast-forward to places where your name  
6 appears.

7 The first is in this chart titled, GNETS  
8 -- excuse me -- "GNETS Strategic Plans Steering  
9 Committee." And you'll see that you're listed on  
10 that list at No. 17, Dr. Stephanie Pearson, Clinical  
11 and Quality Director.

12 Do you see that text?

13 A Yes.

14 Q So there are checkmarks here in this chart  
15 indicating attendance at meetings occurring at  
16 different sites: August 24 meeting at Elam  
17 Alexander; November 2nd meeting, Maconey; February  
18 8, 2012, Savannah; and May 31st, 2012, at Forsyth.

19 A Uh-hum. (Affirmative.)

20 Q Do know what Elam Alexander is, Dr.  
21 Pearson?

22 A I assume it's a site that a GNETS school  
23 is located at.

24 Q So if we scroll down to where your name  
25 appears, the checkmarks indicate that you attended

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

81

1 three of these meetings, correct?

2 A Correct.

3 Q Do you recall what your role was --  
4 actually, let me go back.

5 Do you recall what the purpose of these  
6 meetings was?

7 A That was 2012. That was 10 years ago. I  
8 guess if it says Strategic Planning Steering  
9 Committee, that's what it was, but, again, I do not  
10 remember well all of the groups that I've attended,  
11 you know, 10 years ago.

12 I did mention, if you recall earlier,  
13 having been to meetings that were hosted at  
14 different GNETS sites. So this must be it. But  
15 that was as far as I could remember.

16 I can't remember any details associated  
17 with it, but you obviously have my name on a  
18 document. I was there but I'm not recalling the  
19 gist of a meeting that occurred in 2012.

20 Q Aside from what's on this paper here, do  
21 you have any recollection of any of these visits in  
22 2012?

23 A Not beyond what's on the paper.

24 Q And do you recall participating in any  
25 GNETS Strategic Plan Steering Committee meetings

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

82

1 since 2012?

2 A No.

3 Q I'd like to fast-forward to the next place  
4 where your name appears.

5 This is on Page 10 of the document.

6 So there is a description of individual  
7 work group reports, and within that is a heading  
8 called "Program Operations."

9 I want to direct you to a bullet within  
10 that heading, and this is under "Issues discussed in  
11 the work group," and then more specifically "funding  
12 and mental health services."

13 The document reflects that you talked  
14 about mental health services through DBHDD in  
15 relation to school services. Do you see that text?

16 A Yes.

17 Q Does that help to refresh your  
18 recollection about what your role may have been in  
19 connection with the GNETS Strategic Plan Steering  
20 Committee?

21 A I guess it was as is reported here in the  
22 description.

23 Q And have you presented to GNETS staff  
24 since 2012 regarding mental health services through  
25 DBHDD in relation to school services?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

83

1           A     I don't have a specific recollection, but  
2 perhaps. I don't know. I mean -- but I don't have  
3 a specific recollection. This is all historical,  
4 and I'm not recalling a great deal of detail, so.

5           Q     I'm going to set aside this document.

6                     Recognizing your prior testimony, that  
7 it's been some time since you visited GNETS  
8 facilities, I'm curious as to whether you have ever  
9 in your capacity as clinical director at OCYF  
10 conducted observation of students in GNETS  
11 classrooms?

12          A     I'm not recalling.

13          Q     Do you know whether anyone within OCYF  
14 conducts observations of students in GNETS  
15 classrooms?

16          A     I don't believe so.

17          Q     Dr. Pearson, in your official capacity as  
18 clinical director at OCYF, do you receive data or  
19 documents relating to enrollment in GNETS?

20          A     No.

21          Q     Do you receive data or documents relating  
22 to length of placement in GNETS?

23          A     No.

24          Q     Do you receive data or documents relating  
25 to the availability of behavioral health services to

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

84

1 students enrolled in GNETS?

2 A No.

3 Q Do you receive data or documents relating  
4 to the utilization of behavioral health services by  
5 students enrolled in GNETS?

6 A No.

7 Q Do you receive data or documents relating  
8 to the quality of behavioral health services  
9 received by students enrolled in GNETS?

10 A No.

11 Q Do you receive data or documents relating  
12 to staffing at GNETS?

13 A No.

14 Q Do you receive data or documents relating  
15 to coordination between GNETS programs and community  
16 service providers in Georgia?

17 A No.

18 Q Do you receive data or documents relating  
19 to transition planning for students exiting GNETS  
20 and enrolling in general education schools?

21 A No.

22 Q Do you receive data or documents relating  
23 to the use of GNETS to divert children from  
24 placement in a PRTF?

25 A No.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

85

1 MR. HOLKINS: Just one second, Dr.  
2 Pearson.

3 BY MR. HOLKINS:

4 Q Dr. Pearson, what would be needed  
5 generally to divert from residential placement --

6 MR. HOLKINS: Strike that. Let me think  
7 this one through.

8 BY MR. HOLKINS:

9 Q Dr. Pearson, in your experience, what  
10 services are effective in diverting children who  
11 have behavioral health conditions from placement in  
12 a PRTF?

13 A There are services through community  
14 providers that would include things like Intensive  
15 Family Intervention, or IFI. If a family is willing  
16 -- of course, it has to be parental or guardian  
17 consent for home-based services, and if a family is  
18 willing to receive those services. That's one.

19 The ICC, through the Intensive Care  
20 Coordination, that's offered through the CMEs. I  
21 mentioned earlier Lookout Mountain, CSB is one,  
22 Viewpoint.

23 CSB is the other CME, and they have a  
24 range of more intensive kinds of services available  
25 in the community. I can't name them all, but they

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

86

1 are more like the community-based alternatives to a  
2 PRTF.

3 Again, it is the parent or guardian's  
4 choice to determine whether or not they wish to be  
5 diverted from a PRTF or if they are seeking  
6 residential treatment.

7 Q Does GNETS provide the services that you  
8 just described, including IFI and IC3?

9 MR. PICO PRATS: Objection.

10 A I can't tell you what GNETS does because  
11 GNETS is not a program through my department. I'm  
12 not aware of GNETS doing that, but I don't know  
13 because I don't know all of the things that they do.

14 Q Do you know anything about the services,  
15 the behavioral health services, that are provided to  
16 students enrolled in GNETS?

17 A Again, I don't, I don't know the range of  
18 what the GNETS services offer to children nowadays,  
19 other than the broad description that I gave you  
20 earlier.

21 Q Do you know who Clara Keith is?

22 A I'm sorry?

23 Q Are you familiar with the name Clara  
24 Keith?

25 A No. Clara Keith, I'm not sure I know that

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

87

1 person.

2 Q If I told you that she previously worked  
3 at DBHDD, would that refresh your recollection?

4 A There are a lot of people that work at  
5 DBHDD that I don't know. So it wouldn't really.

6 Q I want to go back to the site visit that  
7 we were talking about from 2016 at the GNETS  
8 facility in DeKalb.

9 Could you share your impressions of the  
10 GNETS programs you visited in connection with that  
11 site visit?

12 MR. PICO PRATS: Objection.

13 A I don't remember it. It's 2016. I just  
14 remember we were invited. We went. And I'm  
15 assuming we walked through the building. I can't  
16 say more than that. I just don't remember. It's  
17 not something that I held onto.

18 Q Dr. Pearson, are you aware of whether the  
19 State measures whether GNETS diverts children from  
20 placement in PRTFs?

21 A Am I aware that the State measures? Is  
22 that what you're saying?

23 Q Right. I'm asking you whether you're  
24 aware of whether the State is assessing whether  
25 GNETS diverts children from placement into PRTF?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

88

1 A I'm not aware.

2 Q Do you have a sense of how DBHDD would go  
3 about measuring such a thing?

4 MR. PICO PRATS: Objection.

5 A No.

6 Q Dr. Pearson, is it fair to say you're  
7 generally familiar with the publicly funded  
8 community behavioral health services available to  
9 children in the State of Georgia?

10 A Yes.

11 Q It's part of your job to be familiar with  
12 those services, correct?

13 A Yes.

14 Q So at this time I'd like to direct your  
15 attention to a previously introduced exhibit.

16 MR. HOLKINS: This is Exhibit 8. Give me  
17 one second and I'll pull it up.

18 (WHEREUPON, Plaintiff's Exhibit-8 was  
19 previously marked for identification.)

20 BY MR. HOLKINS:

21 Q I'm going to share my screen with you, Dr.  
22 Pearson.

23 Can you see my screen, Dr. Pearson?

24 A Yes.

25 Q So as I mentioned, this document was

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

89

1 previously mentioned -- excuse me -- introduced as  
2 Exhibit 8.

3 It's a letter from counsel for the  
4 state -- counsel for the United States, dated  
5 February 12, 2021. The subject of the letter is the  
6 caption for this case, United States v. Georgia.

7 I want to direct you, Dr. Pearson, to a  
8 portion of this letter which starts on Page 2 and  
9 carries to Page 3.

10 I'll represent that this is -- this is  
11 State's Supplemental Response to the United States  
12 Interrogatory No. 17.

13 I'm going to give you control of the  
14 document, Dr. Pearson, so you can take a moment to  
15 review the State's response. Please let me know  
16 when you finish.

17 Just give me one second and I'll give you  
18 control.

19 You have control of the document, Dr.  
20 Pearson.

21 (Witness reviews exhibit.)

22 A I believe I've seen it.

23 Q Thank you very much, Dr. Pearson.

24 I'm going to take back control of this  
25 document. Give me one second.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

90

1           So I'm going to ask you some questions,  
2 Dr. Pearson, about some of the services identified  
3 by the state in its supplemental response to  
4 Interrogatory No. 17, but first let me ask, are you  
5 familiar with the term "evidence-based service"?

6           A     Yes.

7           Q     What is an evidence-based service, as you  
8 understand it?

9           A     It's a service that is supported by  
10 empirical data.

11          Q     Is it important, in your view, that  
12 Georgia's behavioral health service providers use  
13 evidence-based services?

14               MR. PICO PRATS: Objection.

15          A     Yes.

16          Q     Why?

17          A     Because they are the services that are  
18 supported to be shown to be most efficient for a  
19 particular diagnostic category.

20          Q     Are you familiar with the term "promising  
21 practice" as distinct from an evidence-based  
22 service?

23          A     Yes.

24          Q     What is a promising practice?

25          A     A promising practice has not reached the

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

91

1 level of an EBP, but it shows promise, thus the  
2 title.

3 Q Let me first ask you, Dr. Pearson, to  
4 identify from this list, which starts on Page 3 --  
5 excuse me -- 2 and carries to Page 3 of the current  
6 exhibit, Exhibit 8, which of these services are  
7 evidence-based services?

8 And I will give you control.

9 A That's broad. Evidence-based practice --

10 Q I'll give you control of the document.  
11 Sorry.

12 A I don't need control of the document.

13 Q Okay.

14 A Evidence-based practices are specific  
15 treatment services. What you see on this list has a  
16 lot of different assessments that would not  
17 necessarily be considered the same. But it would be  
18 considered good practice, for example, to do a  
19 thorough behavioral health assessment so that a  
20 clinician would know -- have more data relative to  
21 what a diagnostic picture might be. But then having  
22 formed a diagnosis, then look at an evidence-based  
23 practice as the most appropriate treatment strategy  
24 for that particular diagnosis.

25 So what you're seeing here would not

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

92

1 really lend itself to that kind of understanding  
2 about an EBP, but these would be commonly accepted  
3 practices, assessments, consultation, nursing, et  
4 cetera, to offer a comprehensive array of services.

5 Q Okay. So let's talk about some specific  
6 services that are on this list.

7 You mentioned Behavioral Health  
8 Assessments, which is identified on Page 2.

9 Do you see that text?

10 A Yes.

11 Q In your words, what are behavioral health  
12 assessments?

13 A Assessments done at the beginning of an  
14 intervention to determine just what the needs are.

15 Q Who performs that assessment?

16 A It could be, depending on how an agency is  
17 set up, it could be somebody who is designated as a  
18 person who only does intakes and then transfers the  
19 case to -- pardon me -- to a therapist; or it could  
20 be the therapist who's assigned to that particular  
21 client, who starts off by doing the assessment and  
22 then goes forward with the treatment.

23 Q Are you familiar with the term "core  
24 service" as used in the context of Georgia's  
25 behavioral health services for children?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

93

1 A Yes.

2 Q And for the record, what is a core service  
3 in Georgia?

4 A The core services are fundamental services  
5 that are provided by those agencies who used to be  
6 called core providers. They offered everything in  
7 the service array that was found in the provider  
8 management.

9 So a core provider would be a provider  
10 that would be able to do assessments, do individual  
11 or group or family therapy, do medication  
12 management, do nursing assessment, do all the things  
13 that the -- the range of service in the Community  
14 Service Boards for those community providers that  
15 were able to offer that range of services.

16 So a core provider was different from like  
17 a more niche provider who only did a highly  
18 specialized service.

19 Q Is behavioral health assessment a core  
20 service in Georgia?

21 A Yes.

22 Q Is behavioral health assessment an  
23 evidenced-based service in Georgia?

24 A Not in the same way that I have just  
25 described what an evidence-based practice is. It's

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

94

1 good clinical practice.

2 Is there evidence that supports that you  
3 need to do a behavioral -- it's not the same kind of  
4 thing.

5 Q Could you identify -- I understand your  
6 point, that behavioral health assessment, as you  
7 understand it, is not an evidence-based service.  
8 Could you identify what some, what some  
9 evidence-based services are?

10 A For example -- what is -- DBT, trauma  
11 informed. Some of the trauma informed Crisis  
12 Services.

13 I can't think of all the ones they do.  
14 PRTF, for example, or community providers.

15 I'm just blanking right now, but the  
16 motivational interviewing is one.

17 There's one specifically for borderline  
18 personality disorders.

19 The names just escape me right now, but  
20 they're tied to like, for example, cognitive  
21 behavioral therapy for depression. Those kind of  
22 things. They're tied to specific diagnoses.

23 Q You mentioned DBT. I'm going to take a  
24 crack at that. Does that mean dialytical behavioral  
25 therapy?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

95

1 A Yes.

2 Q Is DBT an evidence-based service that is  
3 available in Georgia?

4 A Yes.

5 Q Does the State assess fidelity with  
6 connection to DBT?

7 A I don't know what the -- what the  
8 reviewing practices are by the part of the agency  
9 that does that. So I couldn't speak to that. It's  
10 not a part of what my office does.

11 Q Just to be clear, do you have any  
12 responsibilities in your official capacity at OCYF  
13 for assessing fidelity with evidence-based services  
14 in Georgia?

15 A No.

16 Q Dr. Pearson, are you aware of whether  
17 behavioral health service is a service available in  
18 every region of the state?

19 A That's my understanding.

20 Q Based on what?

21 A That that's the expectation.

22 Q Have you reviewed any documents or data  
23 demonstrating that behavioral health assessment is  
24 available in every region of the state?

25 A No.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
96

1 Q Do you know whether behavioral health  
2 assessments are available in general education  
3 school settings in Georgia?

4 A No.

5 Q Do you know whether behavioral health  
6 assessments are available to children enrolled in  
7 GNETS?

8 A No.

9 Q I believe you described behavioral health  
10 services as a good practice. Is that accurate?

11 A Yes.

12 Q Why is it a good practice?

13 MS. COHEN: Behavioral health assessments?  
14 Your question refers to behavioral health  
15 assessments?

16 MR. HOLKINS: Yes.

17 A As I said before, before a clinician can  
18 determine the most appropriate strategy to address  
19 the presenting concerns, you have to have a thorough  
20 assessment.

21 Q And do those thorough assessments help  
22 children remain in general education settings and  
23 avoid placement to segregated settings?

24 MR. PICO PRATS: Objection.

25 A I'm thinking -- I'm not talking about a

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

97

1 behavioral health assessment relative to a school  
2 placement. I'm talking about a behavioral health  
3 assessment in a clinical setting in the pursuit of a  
4 treatment strategy.

5 Q Are you familiar with the term "functional  
6 behavioral assessment," Dr. Pearson?

7 A I've heard of it.

8 Q What's your understanding of what a  
9 functional behavioral assessment is?

10 A One that determines a level of  
11 functioning.

12 Q What are the components of functional  
13 behavioral assessment?

14 A I don't know.

15 Q Have you received any training with  
16 respect to functional behavioral assessments since  
17 becoming clinical director at OCYF?

18 A No.

19 Q Do you know whether functional behavioral  
20 assessments are available to children in Georgia  
21 through the State's publicly funded system?

22 A I would think so.

23 Q Based on what?

24 A Just that it would be part of what happens  
25 in any assessment that's thorough.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
98

1 Q Have you reviewed any data or  
2 documentation demonstrating that functional  
3 behavioral assessments are being provided to  
4 children in the State of Georgia?

5 A No.

6 Q But it's your expectation that it is  
7 provided; is that accurate?

8 A I'm sorry?

9 Q Is it your expectation that functional  
10 behavioral assessments are provided to children in  
11 Georgia?

12 A I could only speak to what's in the  
13 provider manual. So whatever is in the provider  
14 manual, that's what my expectation is.

15 Q Dr. Pearson, you have mentioned in this  
16 deposition a service known as IC3, which I believe  
17 stands for Intensive Customized Care Coordination.  
18 Is that correct?

19 A Yes.

20 Q What is IC3?

21 A It is -- again, that's not something that  
22 I supervise or oversee, but it is the -- called IC3  
23 because the customized care coordination level is  
24 provided by the CMEs, are at a higher level than  
25 what you would normally get through your just basic

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

99

1 community core provider.

2 So you have the service where the needs of  
3 the child and family are coordinated in such a way  
4 that it can be not completely a substitute for  
5 residential but a way to help a child stay in his or  
6 her community instead of going to a residential  
7 level of care.

8 Q Is the State's IC3 service evidence-based?

9 A I don't know if there's been a body of  
10 researched literature that undergirds it, but -- you  
11 know, in that specific formal way, it is  
12 evidence-based. But I do believe that there is  
13 certainly foundational -- there's a foundation for  
14 it, in that it can be a community-based alternative  
15 to residential care.

16 Q Is it fair to say that one of the goals of  
17 IC3 is to help children who have behavioral health  
18 conditions remain in their homes and communities?

19 A Yeah, I think that's -- that's just what I  
20 said, yeah.

21 Q Do you know what the State does to assess  
22 whether, as you put it, the foundational elements of  
23 IC3 are being met by providers of that service?

24 A Beyond whatever the provider reports as  
25 what their efforts are?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
100

1 Q Right.

2 A I don't know if the person who oversees  
3 IC3 also has that in his or her job description. I  
4 would imagine that that could be part of that  
5 person's job description, to ensure that IC3 is  
6 being efficiently administered.

7 Q And is that person within OCYF?

8 A That position is now vacant. The person  
9 recently left to take another opportunity. So the  
10 search is on.

11 Q And who was that person who just vacated  
12 the role?

13 A Tricia Mills.

14 Q Is I3C -- excuse me.

15 Is IC3 a service available in every region  
16 in the state?

17 A I don't know if it's available in every  
18 region of the state. IC3 is administered by the two  
19 CMEs I mentioned earlier, and so in terms of what  
20 their -- I guess you can call it a catchment area,  
21 would be -- when IC3 is recommended, the family who  
22 chooses to receive that service can choose to work  
23 with either Lookout Mountain or Viewpoint Health.

24 So I guess in that way, in that sense, you  
25 could say it's available to every region, but there

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
101

1 are only two CMEs that administer it, so.

2 Q Have you reviewed any data or  
3 documentation demonstrating that IC3 is provided to  
4 children in every region in the state?

5 A No.

6 Q Have you reviewed any data or  
7 documentation demonstrating that IC3 has been  
8 provided to children enrolled in GNETS?

9 A No.

10 Q Dr. Pearson, I'd like to point you to  
11 another service that's identified in the State's  
12 supplement response to Interrogatory 17, Crisis  
13 Intervention. This is on Page 3.

14 Is that the same service as the global  
15 crisis response we were talking about earlier?

16 A Global crisis response is but one  
17 component of crisis intervention.

18 Q Thank you for that clarification.

19 Can you describe all the components of  
20 crisis intervention?

21 A I don't know if I can describe all of  
22 them.

23 I know that community-based providers are  
24 required to develop crisis planning and crisis plans  
25 for the people that they serve. And if necessary, a

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
102

1 crisis occurs beyond the time that the individual is  
2 being seen by their ongoing provider, then of course  
3 you have Crisis Stabilization Units and BHCCs, and  
4 I'm blocking on the last --

5 THE COURT REPORTER: I'm sorry. Speak up.

6 A The BHCCs. BHCC is another level of  
7 crisis stabilization. Primarily those are adult  
8 oriented, though. That's why I'm not very  
9 conversant on those.

10 But Crisis Stabilization Units are part of  
11 the crisis continuum, as is Mobile Crisis.

12 Q Thank you for that description.

13 So let's start with Crisis Stabilization  
14 Units.

15 Let me first ask you whether you have  
16 reviewed any data or documentation demonstrating  
17 that Crisis Stabilization Units are available and  
18 accessed in every region of the state?

19 A I have not reviewed data or documentation,  
20 outside of the fact that we know which Crisis  
21 Stabilization Units are available for -- in our  
22 purview in my office, of course, is for children and  
23 adolescents.

24 We know which ones those are; and we know  
25 which children show up on the bed board, as we

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
103

1 talked about earlier; which Crisis Stabilization  
2 Unit is able to accept a young person into their  
3 unit. And if they are not available to accept a  
4 young person, they are asked to provide why they're  
5 not available, and then what we do from there.

6 Q Thank you.

7 Let me first ask, how many Crisis  
8 Stabilization Units serve children and adolescents  
9 in the state?

10 A I believe we have four at present.  
11 Separate from our crisis services for youth with  
12 autism. That's a separate entity that is operated  
13 by DCH -- overseen, rather, by DCH predominantly.

14 Ours are -- I believe there are four, and  
15 they are divided according to age. So younger  
16 children would go to one separate than an adolescent  
17 would go to.

18 Q Do you know what the total bed capacity is  
19 across the four CSUs that you just referenced?

20 A Not offhand, no.

21 Q Does each of those CSUs have a dedicated  
22 catchment area?

23 A Well, I mean they're certainly located  
24 across the State, but they are open to -- you know,  
25 if you live in one part of the state and they have a

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
104

1 bed available, it may not be as convenient as  
2 another one, but if and when -- we try to place  
3 children, of course, close to their homes.

4 But if the bed is available someplace  
5 that's not close to their home -- of course it's up  
6 to the guardian or parent to decide if they want to  
7 access a bed that might not be geographically as  
8 close as they would prefer.

9 Q So just to confirm, children residing in  
10 another part of the state can be admitted to a CSU  
11 even if they don't live in the region?

12 A Right.

13 Q Sorry. Go ahead.

14 A That's correct.

15 Q Thank you.

16 You mentioned trying to place children as  
17 close as possible to their homes. Is that  
18 important?

19 A Yes.

20 Q Why is that important?

21 A Well, it facilitates family involvement.  
22 It -- primarily, yeah. And it's easier when the  
23 young person is getting ready to discharge out.

24 A crisis stay, of course, is a short -- is  
25 a brief stay. So it's not like they're there for

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
105

1 weeks or months at a time. But it facilitates  
2 primarily the family, the parent, the guardians,  
3 involvement with a course of care.

4 Q What is the average length of stay at the  
5 four Crisis Stabilization Units that we're  
6 discussing?

7 A It could be anywhere from four to seven  
8 days, ideally. It could be extended if necessary.  
9 So it's not set in stone.

10 But much beyond seven to 10 days, that  
11 would be somewhat long length of stay, and the  
12 crisis unit -- of course, discharge planning is  
13 occurring the whole time the person is in CSU. So  
14 that in the case of a child, of course, the parent  
15 or guardian is involved with discharge planning.

16 So there's a clear next step by the time  
17 the person is discharged. So the family is clear --  
18 this is a very, short brief stay, simply to  
19 stabilize the crisis, and then to move a young  
20 person on to the next level of care.

21 Q How do you know that discharge planning is  
22 occurring the whole time a child is in the CSU?  
23 What's the basis for that statement?

24 A It's the expectation of the contract and  
25 they attest to it. The CSUs attest to it.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
106

1 Q And who at DBHDD, if anyone, is monitoring  
2 whether that expectation is met?

3 A I don't know that there's one particular  
4 person that's monitoring that particular expectation  
5 is met, unless it's something that an audit team  
6 might do by checking records. But I can't speak to  
7 that specifically.

8 Q Who within DBHDD --

9 MR. HOLKINS: Let me rephrase.

10 Q Which component within DBHDD is  
11 responsible for audits of CSU?

12 A Again, I'm not sure if they -- what the  
13 department that does the audits, if they -- how they  
14 monitor CSUs differently from community-based  
15 providers that do core services.

16 So I can't really speak to that. I just  
17 don't have that information.

18 Q And just to confirm for the record, do you  
19 have any role with respect to monitoring the  
20 services provided to children in CSUs in Georgia?

21 A I don't do any audit monitoring or  
22 auditing function at all.

23 Q Another service you mentioned today is  
24 Intensive Family Intervention, or IFI.

25 I think you described that service

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
107

1 already. Let me ask whether Intensive Family  
2 Intervention is evidence-based in Georgia?

3 A It's evidence-based, to my understanding,  
4 as it is -- it's been a service in the continuum of  
5 care for many years. So it's nothing new.

6 So that's my kind of understanding of  
7 Intensive Family Intervention, based on, as we  
8 understand, a System of Care philosophy that looks  
9 like it's got a continuum of care.

10 Q I'm trying to understand your testimony.  
11 I think you said that Intensive Family Intervention  
12 has existed for a while in Georgia; is that right?

13 A Yes.

14 Q And beyond that fact, what is the basis,  
15 if any, for believing that Intensive Family  
16 Intervention is an evidence-based service in  
17 Georgia?

18 A I believe that it is a part of --  
19 somewhere in the literature that talked -- that  
20 first started to describe what a System of Care  
21 would look like in any region or state, and that  
22 home-based services would be -- were shown to be  
23 efficacious in serving youth with complex needs and  
24 keeping them out of residential care.

25 Beyond that, you know, I'm -- I can't say

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
108

1 more. I'm speaking on just kind of my memory of  
2 those System of Care texts, but it's not something I  
3 consulted in recent years. I haven't read those  
4 kind of foundational texts that people use across  
5 the nation, really, to build their systems of care.

6 Q Okay. Have you reviewed any data or  
7 documentation demonstrating whether Intensive Family  
8 Intervention is available and accessible in every  
9 region of the state?

10 A No.

11 Q Have you reviewed any data or  
12 documentation demonstrating whether Intensive Family  
13 Intervention is provided to students enrolled in  
14 GNETS?

15 A No.

16 Q Do you know whether DBHDD evaluates  
17 whether community-based services are diverting kids  
18 from placement in a PRTF?

19 A Evaluates? DBHDD certainly actively  
20 offers these community-based programs as a way to  
21 divert children from residential care. When  
22 residential care is appropriate and the child meets  
23 eligibility for admission, of course it occurs.

24 But does it evaluate in some kind of,  
25 what, formal way how many kids get diverted from

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

109

1 residential? No, I don't think so.

2 Q Dr. Pearson, at this time I would like to  
3 show you another document.

4 I'm going to pull down the one that I've  
5 got up, and I'm going to show you a new one.

6 This was previously introduced to the  
7 deposition of Dr. MacKay as Exhibit 15.

8 Give me one second and I'll pull it up for  
9 you.

10 (WHEREUPON, Plaintiff's Exhibit-15 was  
11 previously marked for identification.)

12 BY MR. HOLKINS:

13 Q I'm going to share my screen. Give me one  
14 second.

15 Dr. Pearson, can you see this document  
16 marked Exhibit 15?

17 A Yes.

18 Q So just for the record, this is a document  
19 titled, "Active Provider By Service," as of  
20 04/11/2019. In the top corner it's stamped "Georgia  
21 Collaborative ASO."

22 The Bates number is GA00023273, and as I  
23 referenced, it's Exhibit No. 15.

24 Dr. Pearson, have you ever seen a report  
25 like this before?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

110

1 I'm sorry, I should have given you the  
2 opportunity to take a look at this. I'm going to  
3 transfer control to you, Dr. Pearson, so you can  
4 take a moment to familiarize yourself with the  
5 document. There's no need to review every page but  
6 I want to give you a chance to look through it.

7 You have control.

8 (Witness reviews exhibit.)

9 A I don't think I've seen this document  
10 before, but I have -- I think I have seen some time  
11 in the past provider listings, but I'm not sure  
12 about this particular provider listing.

13 Q Okay, thank you, Dr. Pearson.

14 So when you have received provider  
15 listings in the past, who provided them to you?

16 A Well, again, I'm not receiving them. This  
17 is from the Georgia Collaborative, the ASO. So if  
18 this were a document, what we were talking about  
19 providers, they would bring it to the meeting.

20 So that's how I have access to those kinds  
21 of things. The ASO certainly is the Administrative  
22 Services Organization, has been for some time. So  
23 that information would be compiled by them and  
24 presented in a meeting, but it's not like I  
25 regularly received reports from them about who the

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

111

1 providers are.

2 Q That was my next question, and I'll just  
3 ask it to make sure the record is clear.

4 Are you as a matter of course regularly  
5 reviewing reports identifying active providers by  
6 service?

7 A No.

8 Q Are you regularly -- excuse me.

9 Are you regularly reviewing any other  
10 reports generated by the Georgia Collaborative ASO?

11 A The reports that may be pertinent to a  
12 joint clinical meeting, I'm reviewing those as they  
13 may relate to children services, if there have been  
14 some issues. But in terms of weekly or anything  
15 like that, reports about providers, it's not a  
16 matter of course.

17 Q So we could put this aside.

18 I do want to ask you about one other  
19 service that was identified in the previous exhibit,  
20 which was Exhibit 8, and that's Community Support.

21 What is your understanding of the  
22 Community Support Service of Georgia?

23 A The CSI, Community Support - Individual.  
24 It's kind of like case management function, almost  
25 where the person could get services that were not

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
112

1 necessarily or predominantly clinical in nature, but  
2 we're still fairly instrumental in meeting a  
3 client's needs.

4 Q And within community provider  
5 organizations within Georgia, which staff are  
6 responsible for providing Community Support  
7 Services?

8 A Well, historically, they have been people  
9 who were hired specifically to do CS-I. So they  
10 weren't -- they were separate from there because it  
11 didn't require a clinical license to do CS-I.

12 If there were staffing shortages,  
13 workforce shortages, like everybody is experiencing  
14 now, the CS-I duties might be rolled up into what a  
15 clinician does.

16 So you might not have a separate person  
17 doing CS-I.

18 Q I just want to make sure we've got this  
19 acronym right. CS-I, what does that stand for?

20 A It's community support -- in my day, I  
21 don't know if the jargon has changed, but it was  
22 Community Support - Individual.

23 Community support in a group.

24 Q I understand. Thank you.

25 Is CS-I an evidence-based service in

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

113

1 Georgia?

2 A I'm not sure if it is, what the empirical  
3 evidence would be to support CS-I. Just that it was  
4 identified as a need and it was identified as a  
5 service that could be effective, that didn't require  
6 clinicians but could still be helpful to the client.

7 Q Have you reviewed any data or  
8 documentation demonstrating whether a Community  
9 Support - Individual is available and accessible in  
10 every region in the state?

11 A No.

12 Q Have you reviewed any data or  
13 documentation demonstrating whether a Community  
14 Support - Individual is provided to children  
15 enrolled in GNETS?

16 A No.

17 MR. HOLKINS: So we've got about half an  
18 hour left. If it's all right with everyone,  
19 I'd like to just press forward. I have another  
20 line of questions but I do expect to finish my  
21 1:00 p.m., as we anticipated.

22 Q Would that be all right, Dr. Pearson, if  
23 we went ahead and just continue?

24 A I may need about a five-minute break.

25 Q Let's take it now.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

114

1 A Okay.

2 MR. HOLKINS: We can go off the record,  
3 Robert.

4 THE VIDEOGRAPHER: Going off video record,  
5 12:32 p.m.

6 (A recess was taken.)

7 THE VIDEOGRAPHER: We are now back on  
8 video record, 12:37 p.m.

9 BY MR. HOLKINS:

10 Q Dr. Pearson, I've just got a few more  
11 questions for you, and they generally concern the  
12 Apex program, which we talked about a little bit  
13 before.

14 First, could you describe what the Georgia  
15 Apex program?

16 A The school-based mental health program  
17 that was developed under the directorship of Matt  
18 Yancey, and basically was designed to offer services  
19 that young people would normally get in a  
20 traditional mental health facility in the school, so  
21 that they can get assessments, behavioral health  
22 assessments. They could get individual therapy.

23 The thing that they were not able to get  
24 in the school was the medication monitoring. There  
25 were no psychiatrists available at schools, as

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

115

1 conditions were.

2 But as I mentioned before, the funding was  
3 given to the Community Service Boards. Every  
4 Community Service Board in the state was given the  
5 funding to start school-based mental health in the  
6 schools that the Community Service Boards determined  
7 they would be serving.

8 And it has grown from there. It started  
9 out with just Community Service Boards and then  
10 other providers have come on board. So it's grown  
11 from there, in elementary schools, middle schools,  
12 and high schools.

13 Q Within the State, is it accurate that  
14 DBHDD is the entity primarily that's administering  
15 the Apex program?

16 A Yes.

17 Q What is the Georgia Department of  
18 Education's involvement in the Apex program?

19 A Well, we've been working in partnership to  
20 ensure as much as we could that schools -- for  
21 example, with maybe greatest need were recipients of  
22 the services, understanding again that the Community  
23 Service Boards themselves chose the schools. The  
24 Department of Education was offering some, some --  
25 maybe some consultation or suggestions about, again,

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
116

1 those schools where the need appeared to be great  
2 and that maybe asking the Community Service Boards  
3 to consider those schools if they hadn't already.

4 Q Do you know whether the Georgia Department  
5 of Education is providing ongoing input about that,  
6 the schools where Apex may be most needed?

7 A I don't know because I'm not in regular  
8 contact with the Department of Education.

9 Q Do you know how the decision was made that  
10 DBHDD and not the Georgia Department of Education  
11 would principally administer the Apex program?

12 A The funding came from DBHDD.

13 Q But since this is a program, as you  
14 described it, that's intended to provide services in  
15 schools, what's your understanding of why despite  
16 that fact DBHDD is responsible for administering the  
17 program?

18 A The funding came from DBHDD.

19 Q Does the Georgia Department of Education  
20 provide any funding in support of Apex, to your  
21 knowledge?

22 A Not to my knowledge.

23 Q Are there specific clinical criteria for  
24 youth to be eligible for services through Apex?

25 A The young people who get referred to Apex

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022

117

1 are referred either by school counselors, sometimes  
2 maybe a school principal, teachers. But they've  
3 been identified in their academic environments as in  
4 need of that kind of level of clinical support, that  
5 they were not previously accessing that kind of  
6 level of support, for whatever reason.

7 And so those children would come to the  
8 attention of the Apex provider. Again, it's up to  
9 the parent or guardian to determine whether or not,  
10 even if they're recommended by their teacher or  
11 school counselor or whomever, the parent or guardian  
12 has to be the one to say I am, you know, interested  
13 in having that service for my child.

14 Absent that, there's no provision of any  
15 service.

16 Q Are there exclusionary criteria in the  
17 Apex program for children?

18 Let me just --

19 A I'm not aware. If a child is in school,  
20 as I mentioned, and they have a clinical need and  
21 they're not being served by some other clinical  
22 program, I guess that would be the exclusion. If  
23 you're already getting services in a clinical  
24 program, there wouldn't be a duplication of services  
25 by also being enrolled in Apex.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
118

1 Q Are children duly diagnosed with  
2 behavioral health conditions in developmental  
3 disabilities eligible to receive --

4 THE COURT REPORTER: Could you say that  
5 again.

6 MR. HOLKINS: I'm going to repeat that  
7 because I went to fast for the court reporter.  
8 She's trying to wave me down.

9 BY MR. HOLKINS:

10 Q Are children duly diagnosed with  
11 behavioral health conditions and developmental  
12 disability eligible to receive services through the  
13 Apex program?

14 A They've been identified. They have a  
15 behavioral health need. Somebody refers them, and  
16 the parent agrees. They can proceed.

17 Q So that's a yes?

18 A Yes. With those stipulations, of course.

19 Q Are you aware of any categorical exclusion  
20 from eligibility for Apex based on a history of  
21 aggression?

22 A I'm not aware of a categorical exclusion,  
23 no.

24 Q Are you aware of a categorical exclusion  
25 from eligibility for Apex based on a history of

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
119

1 residential placement?

2 A No.

3 Q Are you aware of whether children who have  
4 a history of aggression have been served through  
5 Apex?

6 A I'm not aware of that personally, but,  
7 again, since it's not an exclusionary criteria, I  
8 imagine that they have.

9 Q Would you also imagine that children who  
10 have a history of residential placement have been  
11 served through the Apex program?

12 A Yes.

13 Q Are uninsured children eligible to receive  
14 services through Apex?

15 A Yes.

16 Q Does DBHDD allow Apex providers to serve  
17 students who are enrolled in GNETS?

18 A Not to my knowledge.

19 Q And why not?

20 A If there's -- again, the expectation is  
21 that the children are already getting services if  
22 they're enrolled in GNETS. So you'd have a  
23 duplication if you also enroll them in Apex.

24 Q Do you know whether Apex providers receive  
25 training on evidence-based services?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
120

1 A I believe that they do.

2 Q And would that be through the same DBHDD  
3 component that you described earlier, or through the  
4 COE?

5 A It could be either or both. It could be  
6 System of Care Academy as well.

7 Q Do you personally provide any training to  
8 Apex providers on evidence-based services?

9 A No.

10 Q Do any of the staff who report to you at  
11 OCYF provide training on evidence-based services to  
12 Apex providers?

13 A No.

14 Q For children who are referred to Apex who  
15 have a diagnosis of ADHD, what evidence-based  
16 services would you recommend?

17 A With ADHD? If that was their only  
18 diagnosis, I would not be making a recommendation,  
19 but the therapist working in concert with the family  
20 and the teacher, or whoever made the referral, would  
21 be developing a service plan that would include best  
22 practice. But I personally would not be doing that.

23 Q What best practices would you expect that  
24 treatment team to recommend?

25 MR. PICO PRATS: Objection.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
121

1           A       I don't know what I would expect. Again,  
2       it is left to the discretion of the therapist who is  
3       a licensed mental health professional and the rest  
4       of the treatment team to come up with that  
5       information.

6           Q       Let me try it this way: What  
7       evidence-based services in Georgia are available to  
8       meet the needs of a child diagnosed with ADHD?

9           A       I can't say what evidence-based practices  
10      are available in the State of Georgia because it is  
11      the current view of the clinicians offering the  
12      care, the agencies for which they work, licensed  
13      clinicians who I think maintain the license, would  
14      be receiving the kind of training they need to serve  
15      populations that they serve.

16          Q       So I'm trying to understand --

17          A       Beyond that -- beyond that, I can't  
18      comment.

19          Q       Do you view it as part of your job to know  
20      what evidence-based services are available to  
21      children with behavioral health conditions in the  
22      State of Georgia?

23                  MR. PICO PRATS: Objection.

24          A       Um, again, I've been aware that the State  
25      expects mental -- licensed mental health

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
122

1 professionals to be conversant in and trained in a  
2 best based practice, but we don't prescribe which  
3 evidence-based practice a provider will offer.

4 Q Acknowledging that, the question again is  
5 whether or not you view it as part of your  
6 responsibility to know what is available as an  
7 evidence-based service in Georgia?

8 MR. PICO PRATS: Same objection.

9 A It could be.

10 Q It could be part of your job?

11 A It could be.

12 Q How are student or client outcomes in the  
13 Apex program measured?

14 A I think that's a better question for the  
15 Center of Excellence because they do the surveys.  
16 There's reports. I'm not privy to those, but I do  
17 know they are regularly assessing Apex providers on  
18 a number of items, and there's been some discussion  
19 about what the outcomes would be.

20 Do they change over time? You know, what  
21 seems to be the most relevant kinds of outcomes that  
22 schools are interested in, stakeholders are  
23 interested in, families are interested in.

24 So the Center of Excellence is the  
25 repository of all that data.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
123

1 Q Do you provide any input to assist the  
2 Center of Excellence in determining the outcome  
3 measures for the Apex program?

4 A We've had discussions.

5 Q You participated in --

6 A More in the past -- more in the past than  
7 now, though, because I'm not the Apex manager. The  
8 Apex manager would also be a good person to talk to  
9 about that.

10 Q And who is that person?

11 A Layla Fitzgerald.

12 Q Do you have any role in assessing the  
13 sustainability of the Apex program?

14 A No.

15 Q As a matter of course, do you review data  
16 reported by the Center of Excellence with respect to  
17 student outcomes in Apex?

18 A Not as a matter of course. On occasion.

19 MS. COHEN: Is that for just one student  
20 at a time or is that systemwide?

21 BY MR. HOLKINS:

22 Q So the question that we just posed is  
23 whether in the agencies where you have reviewed data  
24 on student outcomes in Apex, that was limited to a  
25 specific student or systemwide?

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
124

1 A Oh. Probably more systemwide.

2 Q When is the last time you reviewed  
3 systemwide data on student outcomes in the Apex  
4 program?

5 A I can't recall.

6 Q Dr. Pearson, were you asked to collect  
7 documents as part of the State's effort to respond  
8 to the U.S. Department of Justice's responses in  
9 this case?

10 A No.

11 Q I'm going to ask you some questions, Dr.  
12 Pearson, about what you did to prepare for this  
13 deposition. I want to be clear I'm not asking for  
14 you to divulge any substantive information about  
15 your discussions with counsel in preparation for  
16 this deposition.

17 And with that caveat, what did you do to  
18 prepare for this deposition?

19 A I went through my archived emails.

20 Q Dating back how far?

21 A To 2016.

22 Q For what purpose?

23 A To refresh my memory about -- since my  
24 name had come up in this whole proceeding, to try to  
25 get some sense of why my name came up, since I am no

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
125

1 longer the point person for Apex, nor do I have  
2 regular contact with GNETS. So it was to help me to  
3 try to get some understanding of why my name came  
4 up.

5 Q In preparation for this deposition, did  
6 you discuss your testimony with anyone other than  
7 counsel for the State?

8 A No.

9 Q Were any documents provided to you  
10 specifically for the purpose of this deposition?

11 A Beyond that copy of the letter that you  
12 showed me?

13 Q And you're referring to the notice of your  
14 deposition; is that right?

15 A That's it.

16 MR. HOLKINS: Just one second.

17 (Pause.)

18 MR. HOLKINS: We are all done.

19 Thank you very much, Dr. Pearson, for your  
20 time and for answering my questions today.

21 I hope you have a great day.

22 THE WITNESS: All right.

23 MR. PICO PRATS: Thank you, Dr. Pearson.

24 THE COURT REPORTER: Just hold on a  
25 second.

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
126

(Discussion ensue off the record.)

THE VIDEOGRAPHER: We are concluding the  
videotape deposition. The time is 12:57 p.m.

We're going off the record now.

(Whereupon, the deposition concluded at  
12:57 p.m.)

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
127

C E R T I F I C A T E

STATE OF GEORGIA:

FULTON COUNTY:

I hereby certify that the foregoing transcript of STEPHANIE PEARSON, Ph.D. was taken down, as stated in the caption, and the questions and answers thereto were reduced by stenographic means under my direction;

That the foregoing Pages 1 through 126 represent a true and correct transcript of the evidence given upon said hearing;

And I further certify that I am not of kin or counsel to the parties in this case; am not in the regular employ of counsel for any of said parties; nor am I in anywise interested in the result of said case.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 1st day of April, 2022.

*Wanda L. Robinson*

\_\_\_\_\_  
Wanda L. Robinson, CRR, CCR No. B-1973  
My Commission Expires 10/11/2023

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
128

D I S C L O S U R E

STATE OF GEORGIA ) 03/28/22 VIDEOTAPE DEPOSITION OF  
FULTON COUNTY ) STEPHANIE PEARSON, Ph.D.

Pursuant to Article 10.B of the Rules and  
Regulations of the Board of Court Reporting  
of the Judicial Council of Georgia, I make the  
following disclosure:

I am a Georgia certified court reporter.  
I am here as a representative of Esquire Deposition  
Solutions, LLC, and Esquire Deposition Solutions,  
LLC was contacted by the offices of U.S. Attorney's  
Office to provide court reporter services for this  
deposition. Esquire Deposition Solutions, LLC will  
not be taking this deposition under any contract  
that is prohibited by O.C.G.A. 9-11-28 (c).

Esquire Deposition Solutions, LLC has no  
contract/agreement to provide court reporter  
services with any party to the case, or any counsel  
in the case, or any reporter or reporting agency  
from whom a referral might have been made to cover  
this deposition.

Esquire Deposition Solutions, LLC will  
charge the usual and customary rates to all parties  
in the case, and a financial discount will not be  
given to any party to this litigation.



STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
129

ERRATA SHEET FOR THE TRANSCRIPT OF:

Deponent Name: STEPHANIE PEARSON, Ph.D.

Case Caption: United States of America vs. State  
of Georgia

Case No. : 1:16-cv-03088-ELR

I do hereby certify that I have read all  
questions propounded to me and all answers given by  
me on the 28th day of March 2022, taken before Wanda  
L. Robinson, and that:

\_\_\_\_\_ 1) There are no changes noted.

\_\_\_\_\_ 2) The following changes are noted:

Pursuant to state rules of Civil Procedure  
and/or the Official Code of Georgia Annotated  
9-11-30(e), both of which read in part: Any changes  
in form or substance which you desire to make shall  
be entered upon the deposition with a statement of  
the reason given for making them.

Accordingly, to assist you in effecting  
corrections, please use the form below:

CORRECTIONS:

Page	Line	Change	Reason For Change

STEPHANIE PEARSON, PH.D.  
UNITED STATES vs STATE OF GEORGIA

March 28, 2022  
130

CERTIFICATE OF DEPONENT

I hereby certify that I have read and examined the foregoing transcript, and the same is a true and accurate record of the testimony given by me. Any additions or corrections that I feel are necessary, I will attach on a separate sheet of paper to the original transcript.

\_\_\_\_\_  
Signature of Deponent

I hereby certify that the individual representing himself/herself to be the above-named individual, appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022, and executed the above certificate in my presence.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: